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TO THE PROVINCIAL PUBLIC HEALTH NURSING STAFF.

NEVER before has the nurse had an opportunity such as that which is opening to-day for the Public Health Nurse. For years we have been thankful that she kept from slipping backward—to hold her own and to make the slight forward step which enabled her to retain her hold was all that could be expected.

But at last we know that she can go forward! The social problems of our Province are being searchingly examined; experiments will be made, but not in a haphazard way—each step will be checked. The sound work which has already been accomplished by the Public Health Nurse and Physician in the Health Centres will provide the control in the new community welfare experiments. The nurse will find an outlet for all her energy, and to-morrow she will see the fulfilment of all her dreams and ambitions.

May you receive from the Easter Refresher Course all the stimulus and encouragement you are looking for and return to the tasks awaiting you which you will at length be able to number as *faits accomplis*.

Sincerely yours,

MABEL F. GRAY,
Assistant Professor of Nursing, The University of British Columbia.

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A SCHOOL NURSE'S DAY-DREAM.

Miss "S." stepped into her car one day
And sped to the West-side School away.
Her aim to weigh and measure a class
And see if all could the eye-test pass.
The road was clear and the air was great,
Miss "S." she travelled at quite a rate,
Got there at ten forty-six, I'd say—
Recess, and all the children at play.
Thought to herself, while they have their fun
I'll park out here and enjoy the sun.

Miss "S." was tired and the sun was warm,
Her eyes they closed after one big yawn.
Far in the distance she heard a sound
Like muffled footsteps from all around.
Still nearer and nearer came the tread
So our nurse raised up her drowsy head;
She looked and saw a most wondrous sight,
Thousands of nurses in blue and white,
Behind them stretched for miles and miles
Doctors and dentists, and all with smiles.

They said, "We've cars, equipment, and cash,
Tone diagnoses for every rash,
Hospitals, clinics, glasses, shoes,
And pasteurized milk for everyone's use.
A law has been passed and health is free—
We're to hand it out unsparingly.
Let's now remedy ev'ry defect,
Quarantine even a 'cold' suspect.
Our job is to make the whole world well,
When you need our help just ring this bell."

She woke to find though the bell was gone,
Quite loud in her ears still rang its song;
Playtime was over and school went in,
Miss "S." jumped out with her usual vim;
She weighed and measured and tested eyes,
Thought of her dream with a little sigh.
They needed an army, and she but one,
To see that some healthy work was done;
Though results she got were to be admired,
'Twas the "left undones" that made her tired.

JENNIE HOCKING,
Saanich.

NORTH OF THE PEACE RIVER.

Four years of public-health work in this new section of the Peace River Block—and what is there to show for it? I'm afraid not very much. When I look around, I wonder what I have been doing!

Of course, it is not a whole-time job, as much of my time has to be devoted to the little Red Cross outpost hospital, which is run in conjunction with the public-health work.

All the same, I don't feel satisfied. And now the time has come to move the outpost farther north across the Beatton River to a still more newly opened-up district, where the settlers are particularly isolated from doctor and hospital by bad hills and lack of roads.

And so we have just moved over. The people this side of the river are delighted to have a nurse, and the little hospital, which they built themselves, getting out the logs, and giving their labour.

But regarding the advance of public-health work, I foresee the same obstacles—poverty, indifference, and superstition.

The standard of living over here is decidedly low. I am confronted right away by the problem of over-crowding, lack of right feeding, lack of good water, lack of adequate sanitary arrangements, and most serious of all, lack of desire for better conditions. And I might almost add—lack of time!

They need so much that my little bit of public-health work seems just a "drop in the ocean."

More and more I realize that public opinion has to be functioning well in advance before there can be much reform work done.

However, I am not really as pessimistic as I sound, for I find that there is a very "alive" Women's Institute functioning in this district, through which I hope to do great things. I know it will give me a good backing and be very helpful.

Nor do I really blame the settlers for their apparent indifference to health matters. On the contrary, I admire them tremendously for most things. Many of them are putting up a brave fight against existing adverse conditions. Necessity is showing herself the "mother of many inventions." It is the country of "home-mades." So much is home-made, from pickles and rugs to threshing machines and looms for weaving. The only two threshing machines over here were made from a patient collection of scrap iron of all sorts. The cylinder was made from a log and cleverly cut to requirements by hand. Of course the foundation is the faithful old Ford car that brought the family in, so optimistically, two or three years ago. The tires, cut and sewn together, are used for belts in a most ingenious manner.

So these people, who work so hard and so courageously trying to help themselves, are undoubtedly worth helping. Therefore, with the backing of the Public Health Department, I am ready to put forth fresh effort in this new district and to go on hoping that some seed may bear fruit some day.

M. Claxton, R.N.,
Cecil Lake, B.C.

REMARKS FROM FERNIE.

I have spent eight years in Fernie—years of depression, relief, and upheaval. During my first year I drew up a programme and kept to it more or less faithfully, realizing that a programme of this sort must of necessity be more or less elastic.

During the last few years I have felt that doing the work which seemed most needed was the better way of dealing with the situation. Here we have more than fifty per cent. of the people on relief and a large foreign population. All service clubs, churches, and private individuals have done splendidly in meeting conditions and aiding in emergencies as they arose, but "building for the future" has seemingly had to give place to "scraping for the present," and that may not be such a catastrophe either as some imagine.

Through the grey skies of depression it has often been difficult to remember to look for the silver lining which is essentially a part of the dark cloud, but I really think I do see it and can give a concrete outline of it.

Out of 500 children in the Public Schools only nineteen are underweight, and in more than fifty per cent. of these cases the cause is not due to relief rations. Whenever needed our children have had appendix and tonsil operations as well as other surgical and medical treatments in hospitals. Our district has taken care of its handicapped children and sent them to the Solarium, the School for the Deaf and the Blind, or helped them in their homes.

We have provided clothing where most needed, infants' layettes, milk for malnourished and sick children, also for newly-confined mothers, and no children have had to come to school in even the very worst weather insufficiently clad and shod.

A great deal of emergency dental work has been done, and I do not worry nearly so much about the lack of attention to first teeth, as the second set seems to take care of itself in a truly marvellous manner. I find that the child of foreign parents, particularly the Italian, has a better tooth structure than the Anglo-Saxon has.

Our pupils are clean, healthy, happy, wonderfully free from infectious diseases, of good physique, self-reliant and eager, and I really think that the years of depression have helped to give them a better idea of real values in life than the former years of prosperity ever did.

In fact, I have faith in our young people, and feel that mentally, morally, and physically they will rise to their responsibilities in life and will be worthy of our respect and admiration as good healthy honourable citizens, and that is the best that can be expected of them, and the best return they can make us for our efforts to help and guide them.

WINIFRED E. SEYMOUR, R.N.,
Fernie, B.C.

THE STORY OF FIVE YEARS AT KEREMEOS.

It is with pleasure I have read the articles published at intervals in our monthly bulletin and written by other nurses in the Province.

The monthly bulletin is always of great interest to me. It interests me to read about the various diseases, especially contagious, which crop up at intervals, wondering at the same time how soon we may expect a case and thanking God that so far we have escaped.

When I came here five years ago I had lots of ambition and was full of altruism and high ideals. I still retain my ideals. I have lost a great deal of altruism, and the only ambition I have left is to attempt to teach common-sense in regard to health and to try to get people to give the same square deal to us that we are trying to give to them.

Of material things there was very little to work with right from the beginning. I was not here long before I noticed that touching the pocket-book was a very sensitive procedure. There was some excuse for this in that the purse has been rather flat these last five years.

I had to make the best of conditions as they were. We at least had the minds of the people to work on, and as human psychology has always been a subject of all absorbing interest to me, I found this approach rather easy.

I decided to present health in simple, easily understood, straightforward facts. I have tried never to use any elaborations or fanciful phrases and always to present the truth. I have read with care all the articles published by the Vancouver Health League. They appealed to me for their reasonableness and straightforward presentation of facts. I have quoted from these and have given them to those who were particularly interested or appreciative to read.

My health talks to the school children have been prepared mostly from the Hygeia; these talks have been of interest and have, I believe, borne a little fruit. This fall, I happened to be very busy on the district in September and missed giving a health talk. The teachers kept saying "When are you going to talk to us?"

Practical demonstrations are done in the home. We make mustard plasters and linseed poultices, prepare enemata and bowel irrigations, give bed baths and babies' baths, make feeding formulas, keep tab of the baby's weight, review feedings month by month, and review the health rules for the pregnant mother.

We have some splendid nurses among our mothers. I encourage the use of clinical thermometers. Most of the mothers can read a thermometer well. It is the only guide we have to complete recovery from minor illnesses, which often become serious if neglected. We have learned to realize that time is saved by putting a child to bed when it first shows a temperature and keeping him there until he is normal. This also isolates him somewhat and retards the possible spread of infection. A high temperature does not seem to send the mother into a "fit." She is calm and wants the matter looked into. Rashes and other abnormal conditions are conscientiously reported. We administer cod liver oil from November 1 to May 1.

We have formed the habit of using mineral oil and laxative foods in case there is a chronic appendix which might be irritated into an acute one if drastic purgatives were used.

We see to it that we get our daily vitamin in our food—Vitamin A in milk, Vitamin B in coarse cereals, Vitamin C in tomatoes. All these things are normal every-day affairs, like getting breakfast.

I must confess there has been no spectacular accomplishment. I do think we have made a beginning. There is a glimmer of health consciousness in the minds of the people. I know these people so well, too well maybe, which may account for some of the altruism petering out.

We have been terribly handicapped by not having a resident physician nearer than thirty-two and forty-five miles. Since the Hedley Mine opened we have a Medical Health Officer at Hedley, eighteen miles of splendid road. He is going to look after us and has in mind a health contract for the people consisting of a small monthly payment for each family. I have every reason to believe that this scheme will materialize. It gives the people such a sense of security to have some one who will come in case of illness. What this means to me, no one can guess.

Dr. Wride has only been known to us a short time, but we have all acquired the greatest confidence in him, as he has already proven himself up-to-date, conscientious, businesslike, and gracious.

B. THOMSON, R.N.

LADYSMITH AND DISTRICT.

I entered hospital for my training as a nurse nearly eleven years ago with the idea and intention of caring for the sick. I have seen many benefit from this care to the extent of being restored to permanent good health; others much improved, and sufficiently cured to enjoy a normal life. There were still some who paid repeated visits to the institution. In so many instances it was plainly lack of knowledge that had led to the breakdown of their "physical resistance"—perhaps through contact with a sick person, neglect, or carelessness on the part of the person affected. I began to feel that surely there must be another side to sickness, that of prevention.

After graduating, I spent three years working with the knowledge I had acquired and then decided to train for a Public Health Nurse.

During the past three years which I have spent as School Nurse for above districts, ten in all, I have many times witnessed the fruits of preventive work. The parents and the public, in general, appreciate the advice of the Public Health Nurse, and especially the early visits or inquiry when the child is absent from school. Recently when I inquired on the first morning of absence, a mother said "that is what I call service," and so I explained to her that the early check-up meant a whole lot more for both the pupil and the contacts.

In this community the people are very proud of having Public Health Service and, in the vast majority of cases, will assist in the check of

epidemics by the early reporting of sickness in the family. They ask for advice as to whether Mary should stay at home because Johnny has a "rash." The parents are very eager to learn the explanation of the length of incubation periods regulating the quarantine periods, and are interested to learn the present-day methods regarding quarantine and isolation under supervision.

Pre-school and Infant Welfare Clinics are held twice monthly here, and the follow-up work is chiefly done when visiting the homes for other reasons. Much more should be done but the school work is the major factor, and I feel that it is better to be thorough in one branch of the service rather than attempt too many things, some of which only have to be dropped later as the work expands, as it does in all its branches.

People are becoming more clinic-minded all the time, realizing the benefits received rather than the disgrace that used to be felt if they were asked to attend one. Several advanced cases of tuberculosis in our midst have made it much easier to approach the people in regard to the care for and the carefulness necessary in this disease.

Goitre is not so prevalent here, but in all instances where the tablets have been suggested for the children the parents have signed the slip of paper and paid the fifteen cents asked for to help cover the cost.

Last June scarlet fever found its way into one family. Also in November another child became ill, but in each case we were happy to report no further trouble. In January of this year there was a case of rubella in the third grade which spread only to a pre-school brother and a girl who was assisting in the home during the mother's visit to hospital. The family consisted of six children. I cannot say this of whooping-cough, unfortunately, as we have had quite a few cases, but all suspicious coughs are being isolated and I think a severe epidemic will be prevented. The cases are mild but the weather has been so cold and wet that the children have not had the chance to recover out-of-doors in the sunshine.

The best way to reach the hearts of the people is to take an interest in their children, and we have accomplished much. They are proud of their schools and are extending the courses annually.

EMILY G. ALLEN, R.N.,
Ladysmith, B.C.

DENTAL PROBLEMS OF THE DAY.

To the many expressions of impressions on depressions, as a School Nurse, I would like to add some observations in regard to the dental condition of individuals who must neglect the repair of their teeth in order to have the immediate necessities of life. Such people visit the dentist only when in extreme pain or when general health is seriously threatened.

I have found that dentists are very generous in treating urgent cases referred to them, but it is impossible for them to treat all the needy ones.

Hence every day one meets in both school and home many cases of neglected teeth.

"The dentist says I have five to be extracted and eight to be filled." "It would cost thirty dollars to fix up another young girl's teeth." These are examples of the many reports from dentists when children go to them.

When trying to get the consent of a mother to get Mary's tonsils out, she replied, "I think her trouble comes from bad teeth rather than her throat." On looking at the teeth I agreed with the mother. Many months have elapsed and neither teeth nor tonsils have had attention and Mary remains a thin anæmic-looking girl.

Practically all prenatal cases among people with a small income need dental care. We are reminded that they need extra milk in the diet and foods that give additional vitamins. How are these expectant mothers to get such "extras" as foods and dental care? Surely pregnancy brings enough discomforts without the unnecessary suffering that carious teeth can give.

When a doctor examined a child of five, who was acutely ill, he could find no cause except many bad teeth. The child had not had sufficient milk and cod liver oil. It has been observed that small children who have had plenty of milk and cod liver oil have good teeth. But there are hundreds who cannot provide these for the children.

In school, one sees very few children whose parents pay any attention to the deciduous teeth. Hence there are scores who have these sources of infection in their mouths.

It is heart-breaking to inspect the permanent teeth of children. Over 100 of the 911 inspected (under sixteen years of age) have from one to five or six large cavities. There are likely many small ones besides which are not easily seen in the school examination. Some forty of this group have had from one to four of the permanent teeth extracted.

There are only about a dozen in the group who have perfect and complete sets of teeth. Hundreds need treatment by the dentist for cleaning, straightening, etc. In answer to "have you seen your dentist this year?" one often gets the reply, "No, I haven't had toothache yet."

The famous Sir William Osler once said, "There is not one thing in preventive medicine that equals mouth hygiene and the preservation of the teeth." Prevention! That is a heart-breaking word in these days when so little of it can be practised.

While it is generally conceded by all doctors and dentists that neglected teeth causes many ailments, it seems to me to be unkind to tell people of the dangers of such neglect when they can do nothing about it themselves. This teaching only adds "fear of losing health" to the many anxieties they already have. He who has health has hope and he who has hope has everything.

We so need dental clinics for small municipalities. Here is hoping we have one *soon*.

M. A. Twiddy, R.N.,
Penticton, B.C.

DISCUSSION GROUPS FOR MOTHERS.

It has been stated that the education of parents can be accomplished through the schools, by means of the children. Consequently, when in health education classes, certain facts relating to hygiene are emphasized, and when in home economics budgeting and food values are studied minutely, it is often with the hope that these messages will be carried home to "mother and father." To parents this second-hand method of obtaining a modern education must at times prove embarrassing. Approaching adult education from the standpoint of health, there are many problems to be considered. It is difficult for doctors and nurses to keep up with the fast changing trend of medical science, while for the "lay" person it is practically impossible to weed out truth from untruth from magazines and newspapers.

For two years now we have held regular discussion groups for mothers, and they have proved to be a happy solution for these problems. Not only are they useful as a method of educating "mother," but also serve as a means of keeping the nurse well informed. In order to guide the groups profitably the nurse must gather all the information she possibly can on the topic for discussion. We organized in this way: A message was sent home through the school children and through the Parent-Teachers' Association inviting all mothers interested in a "discussion group" to meet in the nurse's office. The response was fairly gratifying and the attendance since then has varied from four to twenty-four, but, in all, about fifty different mothers have availed themselves of the opportunity to meet and discuss their problems.

The mothers selected from a given list the following topics for discussion:—

(1.) "The Job of Being a Parent."

(2.) "Cod Liver Oil and Concentrates Now on the Market."

(3.) "Colds—Cause and Prevention."

(4.) "The Power of the Spoken Word." (This meeting was conducted by Mrs. Jennie McDonald, of Cowichan.)

(5.) "Children's Parties and Christmas Presents."

(6.) "Nutritive Value of Dairy Products." (Address given by Miss Pepper, of Dominion Department of Agriculture.)

(7.) "Nervous Breakdowns." (A review of the book by that name written by Dr. Wolfe.)

(8.) "Tuberculosis."

(9.) "Cancer."

(10.) "Posture."

Each meeting was opened by an address (so far this duty has fallen on the nurse, as the mothers are backward) followed by questions and discussion relating to the subject. Sometimes, however, other topics are introduced into the informal discussions. Connected with the mothers' group, we have a library of periodicals, namely "Hygeia" and "Parents," and the mothers seem grateful for the opportunity of thus broadening their health knowledge. Now, also, they are asking that the addresses

which were preliminary to each discussion be printed and distributed to the members.

These discussions have entailed a great deal of preparation, but I feel that it has been well worth the effort, for not only has it been a method of self-education, but also it has been a very *forceful* way of presenting the principles of health education.

EILEEN M. CARRUTHERS, R.N.,
Nanaimo, B.C.

INKAMEEP INDIAN RESERVE—OLIVER DISTRICT.

How many of you have an Indian Reserve attached to your district? And who does not find the work thereon one of the most interesting parts of your entire programme?

When I first came to Oliver two years ago, having had no former experience with Indians, I looked with some few qualms towards the Reserve. Like the average British Columbian, I had given only a passing

Tooth-brush drill, Inkameep Indian Day School.

thought to the Indian in our midst. Few of us realize that a brief 200 years ago Indians of this Province were monarchs of all they surveyed. The present year finds the red man closely hemmed in by our complex machine-age era. How to develop him and fit him for our modern life is at present a big problem.

In his primitive state the Indian responded to the natural impulses. He hunted when hungry and loafed when full. Their primitive wants were few and easily satisfied. The Indian women knew how to care

for hides. From them she made much of the clothing for her family—clothing that was not only durable for hard wear but fine and beautiful as well. Shelter was a small worry. The nomadic urge is strong within the Indian and, though we now have them more or less restricted to the Reserves, one finds them frequently roaming back and forth, "visiting," they call it here. In our efforts to remould the red man, we would do well to remember that though he buys canned milk, store clothes, cheap jewellery, and the radio brings modern jazz to his lowly dwelling, his ancient habits are very much with him. He has really advanced only a fraction of an inch from his primitive ways.

Dealing with an Indian Reserve from a Public Health Nurse's standpoint, I find, gives one plenty of opportunity to cope with difficult problems. I believe we are very fortunate here in having a day school rather than a residential school. The relationship is closer and one finds that much of the teaching carries over. Health lessons are necessarily very elemental when one remembers that most of the children have previously never seen a tooth-brush, a bath-tub was unheard of, and a balanced diet beyond the limits of imagination.

Very excellent co-operation from the teacher of the school has overcome many difficulties. Finally, each child possessed a tooth-brush and we practised cleaning our teeth assiduously. Formation of a Junior Red Cross with an active health committee gained much interest among the children, Henry, aged eighteen, acting as the solemn chairman of the meetings. The meetings are held when the nurse visits the schools. At this time she is a special speaker and stresses some one of the health rules as the necessity arises. Last term a number of lessons in first aid were given. In this the pupils showed marked adaptability. The local Boy Scout leader, who was present at a demonstration of work put on for school closing exercises, assured me that the Indian children put his scouts to shame.

Many of the Indians on this Reserve suffer from the eye disease, Trachoma. The Indian Department specialist on Trachoma, Dr. Wall, first visited this district about three years ago and diagnosed many cases. Since that time copper citrate five per cent., supplied by the Department of Indian Affairs, has been used as a preventive treatment. This measure carried out regularly at the school has shown good results. Many of the older people suffer from badly impaired vision and some from blindness, no doubt due to Trachoma.

In visiting the homes I find it most important to establish a friendly footing. The Indian is slow to accept one as a friend, but, once established, his faith is implicit. My experience has shown demonstration to be much the best method of teaching. The women, and there are often several in one household, crowd around and watch every move. Most of the younger ones are very willing to follow instructions *re* child care, but are sometimes dissuaded by their parents and grandparents who think babies should never cry. The result is difficulty in establishing anything approaching a regular routine.

The majority of the Indian women keep their infants clean and, although some still stick to the native mode of dress, many have accepted the modern method and make quite respectable garments, too. One of the dirtiest squaws on the Reserve was persuaded to keep her baby beautifully clean when I sold her a complete second-hand layette for twenty-five cents. She was so proud of those clothes, partly because she had paid for them, I think.

Illegitimacy is fairly common and does not seem to arouse much concern. The child is taken into the home and looked upon with as much favour as any other member of the family. The father of one illegitimate child was known to be a white man. This seemed so appalling to me that I wrote the Indian Agent about the case only to find that the Department could not do anything about it as the girl was over age and, as the agent remarked also, "unfortunately, this is not by any means an isolated case in this Province."

The Department of Indian Affairs supplies certain standard drugs for distribution. Important among these is cod liver oil. Through the co-operation of the school teacher, cod liver oil has been fed daily to all children attending school during the winter months of the past two years. Their health record shows that this has been of great benefit.

I found it very difficult to persuade mothers to feed cod liver oil to the younger children—mostly because the children showed a distaste for it and the mothers would not carry on the treatment. This was overcome when we got a supply of malt extract and cod liver oil. Perhaps the actual content value is not quite so high but one can be quite sure the children take it. Many of them, toddlers and pre-schools, come running to the car when the nurse visits asking for "malt, malt." Diets are poorly balanced and run to meat, fish, and bread principally. Although the Indians on this Reserve raise huge herds of cattle, most of them like to buy canned milk. Some families have been persuaded to keep one cow for milking and to feed more milk to the children.

Most of the houses are badly built, run down, overcrowded, and poorly ventilated. Some of the women are fairly clean housekeepers but the majority are careless and dirty. One who was especially dirty acquired a great love for lysol and asked for it continually. "Bad smell; make clean," she said, and could scarcely be persuaded that her shack needed a thorough scrubbing. Open windows were under discussion until this winter, when two little girls in different families developed pneumonia. Both families were greatly impressed with results of fresh air treatment prescribed.

Tuberculosis is an ever-present problem here. The Indians are fairly well informed about the disease and very frightened of it as it accounts for a high percentage of deaths. During the summer months the use of tents and sleeping outdoors is stressed, but winter, with its crowded quarters and prevalent colds, usually leaves a mark.

One might discuss work of the Reserve on and on indefinitely. I hope I have touched upon a few points of general interest. The Indian will be an ever-present factor in our affairs for years to come. Thanks

to his adaptive and imitative faculties, he himself is making a valiant effort to adapt himself to our modern parade. Surely our chief aim in this special branch of our work is to help develop the Indian into a healthy, respectable, self-supporting citizen.

RITA M. MAHON, R.N.

AN ATTEMPT AT STOCK-TAKING.

Another Nurses' Bulletin; another opportunity to learn of other nurses' achievements and a stock-taking of one's own district's two years' efforts.

The stock-taking of public health nursing of a district is a bit difficult; one is not always sure what is profit and what is loss. It is not possible to add up the forward changes in attitudes toward prevention of disease and the building up of positive health. Nor can one be sure of just the amount of prejudice and the lack of understanding of the health ideals that are still existing in the community, so the compiling of a list of the concrete advances in this work of necessity leaves out much.

While one can count the percentage of children in the schools immunized against diphtheria (sixty-four per cent. in these two districts, plus numbers of pre-school children), it is not possible to tabulate the harm that may come to the remaining thirty-six per cent. who are not thus protected from that disease.

The fact that half of the schools are receiving milk for their undernourished, paid for by the School Board, can of a certainty be placed on the credit side, the value being greatly increased by the willingness and understanding of the Board in supplying this service.

The iodine tablet treatment supplied by the School Board of eight schools is resulting in a marked decrease of simple goitres among those pupils. The other nine schools not given this privilege must be added to the losses for that.

Tests for vision defects and the acquiring of needed glasses by a number of pupils, financed by the Parent-Teacher Associations, School Boards, and other organizations, we gladly mark up. Also the thirty odd children likewise equipped through the parents' efforts, with distinct benefit to them all.

But the non-success thus far of any arrangement for much-needed dental clinics looms large on the debit side. Only a few dozen cases have been given dental care through societies paying and the kindness of one dentist in giving one afternoon a week for free work for a few months. Of course there have been numbers taken care of by the families, but many still are in need of dental treatment.

The decrease in the percentage of underweights in the schools, on the whole, in spite of the hard times, can, we feel, be placed with the gains, although the degree of malnutrition may not be evident for a time.

The requests for well-baby clinics and more diphtheria "toxoid" clinics we add to the right side, even though the plans have not been completed for them yet. Also, the eagerness of the mothers of infants to receive the mothers' advisory letters from the Department of Health.

Realization by many parents of the necessity of the protective foods in the diets of the family and the more general use of cod liver oil with the understanding of its properties, is a distinct advance, one feels, while there is still much to be done there.

The reporting by many of the parents of the symptoms of communicable diseases much overbalances the failure of some of the others to do so. To which, we add the spoken appreciation of a Municipal Council of the health service given, particularly in communicable disease, although there was a rather prolonged epidemic of mild scarlet fever just recently.

The clouding of the spirit of independence in many, through the receiving of relief, darkens the page. It is a direct about-face with some, a weakening of the morale, worse than many other epidemics, one fears.

In spite of shortened budgets, the lighting and other facilities have been much improved in some of the schools, though in three schools there is much overcrowding.

But the "stock" still contains the backing and assistance of the Department of Health, the proven scientific aids for the prevention of disease, even aids to improve the salesmanship of these same as refresher courses for the salesmen. Belief in these "wares" too is a valuable asset.

MARY E. GRIERSON, R.N.,
Mission, B.C.

"FRESH FIELDS AND PASTURES NEW."

There is always an element of excitement about something new and unknown, and our anticipation ran high as our supervisor, one of our students, and myself, in answer to an invitation received from the residents of Kapoor, started out to investigate the possibilities of adding this settlement to our already large Cowichan District.

To reach this little-known place we had to travel about twenty miles from Duncan through Shawnigan before branching off on the unsettled ten-mile stretch through the Victoria watershed area, along the shores of Sooke Lake.

Once before we had partially explored this area, but had been repulsed by the many signs promising fines and imprisonment to any who contaminated or even trespassed on this forbidden land. We had heard of the "impassable" road, but we found it even better than many roads we traversed daily in our regular routine of work.

Although there had been a light fall of snow a few days previously which blanketed the ground, one could easily imagine the beauties of this virgin forest, through which we travelled, on and on. At last in

the distance we saw great clouds of smoke belching heavenward. As we reached the crest of a hill, we saw below us a valley in which lay the object of our quest—Kapoor. This spot, as you may or may not know, is a small village around a lumber mill, owned partially by Kapoor Singh, a native of India, and situated in the mountains, between Goldstream and Shawnigan Lake.

Leaving our trusty car, we followed a faint path down a long hill toward the mill. All about us were logged-off barren hills, dotted with unpainted houses, typical of many other logging camps in our district. We proceeded a little uncertainly until we came across an East Indian, of the Sikh clan, piling lumber. He directed us with a wave of his arm to the school. We were secretly pleased with this gesture, for at least he knew who we were. We guessed that this man must have at one time lived in some part of our Cowichan area.

Walking along the railway track, we saw upon our right the Union Jack waving in the breeze. This betokened the school. Up we climbed and reached the green-painted school-house, where the teacher greeted us warmly and wanted us to get to work at once among her twenty pupils. After gathering some necessary information from her we went on our way to find the official trustee in the mill office. He, in turn, mistook our initial survey for a professional call and was very anxious that the work in this district should be undertaken immediately.

This little village has a population of one hundred and seventy-five people, comprised primarily of whites, East Indians, and Japanese, the latter two races predominating. The homes are clustered about the mill in little groups, according to nationality. Our guide, the trustee and company official, explained to us his attempts to maintain some semblance of sanitation by insisting that each house be built some distance from its neighbour. In order to get even this idea across, the danger of fire had to be used as the excuse. Owing to the mixed population to be found in most logging centres, with each race maintaining their individual native customs and each reluctant to relinquish these for our modern new-world principles of hygiene and health, the problem of sanitation becomes a baffling one. This difficulty may only be overcome by education and understanding.

Most of the company business is carried on through Duncan, and it is from this centre that medical aid is sought. We found that even the doctor is called only when it is considered absolutely essential. Furthermore, even though the school was established three years ago, the pupils have never been medically examined. Here is, therefore, a very fertile field indeed, and we fairly yearned to begin work at once.

After discussing the situation from all angles with the company official, we found that the nurse from Langford Lake would have only fourteen miles to travel to reach Kapoor School, while we would have thirty miles, so we decided to submit the question to our local committee, with a view to the matter being officially reported to the Provincial Medical Health Officer for his consideration and decision.

As we departed, after partaking of tea at the home of the trustee, we felt that whoever undertakes this field will receive the heartiest co-operation from the people in Kapoor in solving the many problems which this most interesting district presents.

H. KILPATRICK, R.N.,
Duncan, B.C.

"SOME REFLECTIONS."

"Engineers are prone to talk of the efficiency of modern machines. But no machine has ever been constructed that is so efficient as man himself. Where can we find a pump as perfect as the human heart? If the boss treats it right it stays on the job for more than 600,000 hours, making 4,320 strokes and pumping fifteen gallons an hour. We have no telegraphic mechanism equal to our nervous system; no radio so efficient as the voice and the ear; no camera as perfect as the human eye; no ventilating plant as wonderful as the nose, lungs, and skin; and no electrical switchboard can compare with the spinal cord. Isn't such a marvellous mechanism worthy of the highest respect and the best care?"—*Floyd Parsons.*

The physical being of the average man does not obtrude itself upon his notice, in health. Only pain or discomfort brings it to his attention. This is, upon merely æsthetic grounds, a very great pity. The consciousness and pride in the perfect order of the human mechanism would, if present in every person, make for a dignity of thought and a care for the body which would approximate the perfect health attitude. This brings up the ideal of the modern public health, which is so practicable and lends itself so well to education and demonstration.

It is the office of the Public Health Nurse to begin this education. Necessarily it is slow at first. It takes more steam to start a cold locomotive than to run a moving one along miles of track. Ours is the struggle to begin this motion, in order that we all may benefit by the momentum it will one day gain. Alone on our districts we have the scant satisfaction of knowing that, in our struggle, other nurses meet with our difficulties. We find that time well spent for education, a reluctant mother convinced of some sane method is regarded by many as so much wasted time. We all have found that we have spent time, teaching, only to find that the person on whom we have spent the time has little or no comprehension of our aims, or meaning. Nevertheless, some of our lore always sticks, making further work easier. It is encouraging also to notice that, judging from writings of earlier nurses in Public Health, we now meet with a response and an intelligence that would have seemed miraculous to them.

Beginning with the prenatal and carrying on up to the cold, cold grave we teach, teach, and teach with the idea of getting every one to maintain their health and to realize the dignity and responsibility entailed in maintaining a happy and well-running bodily mechanism.

D. E. MACKENZIE, R.N.,
Qualicum Beach, B.C.

FIRST IMPRESSIONS IN REVELSTOKE.

We sometimes hear it said that first impressions are lasting—well, my first impressions of Revelstoke will not soon be forgotten. As the old-timers around town are saying, "The worst winter and most snow since '92." My first impression was snow—and more snow, and now, almost three months later, it is still *snow,* and *measles.*

Revelstoke has more than its share of Nature's grandeur and natural beauty. Lying in the lovely Columbia Valley, it is surrounded by lofty mountains and majestic peaks. We are on the very threshold of the Canadian Rockies.

My thoughts on stepping off the train on January 6th were, "What a fairy-land of snow"—mountains snow-clad, trees snow-laden, and a flurry of soft feathery flakes falling and floating to a blanket-covered snowy soft earth. To me, coming from Vancouver where the rain had almost excelled itself in a recent record-breaking downpour, the snow was a new experience and rather a pleasant one.

Sometimes we are initiated gradually into our new life and environment, but the elements of Nature descended upon us with vengeance in this little mountain town, and January, 1935, goes down in history as a record month with a snow-fall of seventy-two inches in two days, and about ten feet in the month.

Imagine being a newcomer to the district and ploughing through six and seven feet of snow making home visits. The people of the town were most sympathetic in their attempts to assure me I was seeing Revelstoke at its worst, "but just wait until the spring comes." April is almost here, and we are still waiting for spring to come and for five feet of snow to go.

May I take this opportunity of writing a word in appreciation of the splendid work accomplished by my predecessor, Miss Amy Lee, who organized the work here. To pioneer in public health is not easy. There are obstacles to overcome, prejudices to break down, old ideas and customs to abolish, organizing and planning to be done, but Miss Lee has laid a sure foundation that will not easily be shaken. She has won the confidence of the people and has proved to them in a most practical way the worth of a school health programme.

An enlightened public opinion is needed to make health work in the schools effective, and the people in Revelstoke are becoming increasingly "health-minded" and the school nurse is considered just as necessary now as the school teacher. The health programme in this community has been almost entirely confined to school work. Under the following headings I will try to give an account of our programme.

Personnel.—One Medical Health Officer, one Public Health Nurse, one high school (155 pupils), two public schools (520 pupils).

School Plant.—Daily inspection of basements, hand-washing facilities, drinking-water faucets, and toilets.

Health Inspection and Examinations.—A yearly examination by the School Doctor, and a monthly inspection in each grade to determine the general cleanliness and health of the children.

During January I weighed, measured, tested eyes, and sent health reports home to the 520 public school pupils. In February the high school pupils were weighed, measured, and eyes tested. During the present measles epidemic a daily inspection is done in each grade, spending the morning in one school and the afternoon in the other public school.

Follow-up Work.—It is here that the Public Health Nurse has the best channel through which a contact may be made between the home and school. It is the responsibility of the parents to have defects corrected, but it is our responsibility to explain to the parents the nature of the defect and why it should be corrected.

Co-operation between the home and the school is vitally important in the school health programme. The most effective means of winning this co-operation is by a home visit. I find defects followed by a personal visit likely to be remedied far more speedily than those followed up by only the health report or a telephone call.

During the months of January and February about seventy-five home visits were made, and I found the mothers always appreciative for the visit and anxious to discuss the health report of "Johnnie" or "Mary."

Already ten pupils have had eye defects attended to and are now wearing glasses. Eight have promised to visit their eye specialists during the Easter vacation to have their present glasses checked. About forty-five children have visited their dentists in the past two months.

I am hoping in the near future that a medical and dental fund will be established by the School Board to enable indigent parents to have defects remedied.

Underweights.—In one public school we have six per cent. underweight; these are children more than two pounds below the standard weight, and in the other school twenty-three per cent. underweight. The difference in the two schools is very likely due to the large number of Italian children in one school whose parents are on city or Provincial relief. These children are weighed monthly and a record-card sent home showing the gain or loss as the case may be. Each teacher is given a list of her underweights, and the percentage of underweights in each grade is worked out and the list posted. We have keen competition between the various grades as to which class has the smallest number of underweights. During February eighty-five per cent. of underweights gained more than one pound.

Milk in the Schools.—About three years ago the local chapters of the I.O.D.E. and the Women's Auxiliary to the Canadian Legion sponsored the supplying of milk to children not gaining in weight, underweights, children whose parents are on relief, or mothers' pension, and poor families. Other children wishing to take milk pay 50 cents per month. At present over one-third of our school children are drinking milk at recess.

I think this health project is perhaps the most worthwhile activity carried on in Revelstoke. The results cannot be evaluated in dollars

and cents. In these days of hard times the children are always the greatest sufferers, and a child underweight starts life handicapped and may later become a social and economic liability to the community.

Health Education.—Health teaching has become a definite part of my programme. Every two weeks a health story is given in grades one to four, and a forty-five minute health lesson in grades five to eight.

We have also commenced tooth-brush drills in the lower grades, and these have proved very popular as well as instructive and amusing.

In grades five and six we have recently had a poster competition between the two public schools. I gave a health lesson, "The Human Machine and Its Fuel," and following this the children worked out their own ideas for a good dinner poster. The competition was very keen as to which class and school would produce the best poster.

I have two classes a week in first aid, one in each school to grade seven boys, and two a week in home nursing and Little Mothers' League to grade seven girls.

We are conscious of the need for greater education along health and prevention lines in our community, and our greatest hope lies in the rising generation. If we can put our gospel of good health and prevention of disease across to our children we have gone far in the promotion of health practices in our community.

Communicable Disease.—This community has been remarkably free from epidemics of any kind for the past ten years. I think there has been one case of diptheria in three years, consequently the people are not very enthusiastic about toxoid and prevention of diphtheria. I have found that the majority of people here have never heard of toxoid, and those who have think it is a serum. I have taken every opportunity of explaining what toxoid is and what it does and it is one of the ambitions of my life to organize in the near future a toxoid campaign for the immunization of our pre-school and school children. I may say that the three doctors here are most co-operative and willing to support the campaign.

And now comes my sad tale of woe. We are at the present time at the peak of a measles and German measles epidemic. Having had no previous measles epidemic here for ten years it was virgin soil for the spread of this most infectious virus.

We had two or three adult cases of German measles in January, but not until the middle of February did one case crop up in the schools. This was in grade one, and was diagnosed by the doctor as German measles. The contacts from this case were inspected daily after seven days, and a brother developed what turned out to be the real measles. The brother was in a different school and the damage was done there. For the past three weeks all class-rooms have been inspected daily and contacts sent home on the seventh day. Having the two kinds it has been almost impossible to be certain of the incubation periods and even the doctors have differed as to whether some cases were severe German measles or a light case of measles. Fortunately the measles have been of a light nature and so far no complications have developed.

The epidemic has caused quite a sensation in town, and many people still hold the old-fashioned idea that the schools should be closed. It is discouraging to see the havoc the epidemic has caused in our school attendance. About ninety per cent. are absent in grades one and two, and thirty per cent. in the older grades. At the present time there are 160 absent in the two public schools.

With weather conditions so bad the walking is difficult, 135 cases have been visited. It means miles of plodding through snow and slush but at the end of a busy day arriving home at six p.m. tired and weary, it gives a great deal of satisfaction to know that perhaps due to your words of advice and warning of the dangers of complications, some child may be saved from mastoiditis, bronchial pneumonia, or defective vision —yes, it is worth while.

Clinics.—No clinics have been organized in this community, but I think the time is ripe to start prenatal and well-baby clinics. Oh, for time to do all the things we would like to do. There is so much to be accomplished and the days slip by so quickly. I have organized a prenatal clinic and had hoped to hold the first clinic about the middle of March. However, owing to the disruption caused by the measles epidemic the opening has been postponed and we hope to commence in the first week of April. The hospital has kindly loaned us one of their rooms, and we have about twenty expectant mothers lined up to attend.

I feel nothing very spectacular in the way of public health is being done here. We are doing our best, sowing the seeds of good health, prevention and the preservation of health, hoping that some of the seeds are taking root, and that our Canadian boys and girls will reap the harvest that will bring new possibilities of health and happiness and efficiency for mankind.

As public-health nurses and teachers it is our privilege to help in applying the knowledge we possess daily in our own lives and to help forward their application in the lives of those with whom we come in contact.

And so with the hope of spring in our hearts we go forward knowing that the *snow will go,* and *measles epidemic will some day* burn itself out, and the triumphs of public health will bear the fruit of human happiness.

AGNES THOM, R.N.,
Revelstoke, B.C.

A SIKH WELL-BABY CLINIC.

There is a Sikh settlement not far from Duncan where there are a number of native babies. It seemed a fitting time and place to establish a well-baby clinic. Since there are no other public buildings available, the primary school-room is used, with the kind permission of the School Board secretary. The clinic is held after school hours, from three till five o'clock.

At quarter to three the nurse approaches the school, baby-scales under one arm and a large sheet of cardboard under the other. As she walks up the board walk she meets an anxious mother who has been pacing up and down in front of the school with a seven-month-old babe in her arms. The mother looks as if she had stepped down from an Indian picture, with her wide-flowing silk trousers and picturesque *sari,* or head-veil.

"Oh, nursu, you weigh bibi to-day?" she asks eagerly. Reassuring her, the nurse enters the school and arranges the scales on the table. The piece of cardboard she hangs on the wall; on it are pasted brightly-coloured vegetables and fruits, cut out from magazines. This is the nurse's interpreter.

The little Indian mother has followed and hovers at the door, chattering in Punjabi with the school children who have gathered to watch. The nurse asks her to be seated and begins to unwrap the baby. Two shawls come first, then two rainbow-coloured, hand-knitted sweaters; next a knitted bonnet with a round pom-pom on top; lastly long multi-coloured stockings. His outer clothing removed, baby is now ready and is lifted to the scales, where he howls lustily.

"*Bas, bas,*" cries the mother, snapping her fingers above the baby, as she watches the weights going on. Baby has only gained one ounce in a week.

What has he been eating? Mother-milk? Anything else? Cow-milk, some time little bit potato. "Cereal" she does not understand, but "mush" brings a smile of joy from her. The chart is brought into use; she recognizes vegetables by picture if not by name. She is told when and what to feed her baby and is given a book on infant-feeding. Though the majority of mothers know only a few words of English, the fathers can generally speak and read it with ease.

Next comes a mother with a sixteen-month-old baby who has had nothing but breast-milk since birth, with a few arrow-root biscuits once in a while. The child can barely sit up by himself and the mother is very worried. "Nursu, bibi sick."

The nurse has a difficult task. She calls to one of the school children. A little girl, with long glossy black hair and sparkling black eyes, answers eagerly. There is nothing she likes better than airing her newly acquired English.

The nurse finds exactly what the child is getting, then tells the mother exactly what the child should get. "Cod-liver oil" is the most difficult thing for her to grasp. The little interpreter herself does not understand. Fortunately the nurse has a small sample bottle of cod liver oil in her pocket. This is produced, and though the bottle is not recognized, at least the smell is, and all are smiles once more. The mother departs happily, and the nurse wonders to herself how many of her instructions will be carried out. She knows from experience how often baby is not given his proper food because "he no likee."

And so they come and go. Each day the nurse repeats the same instructions, and though they are not all carried out immediately, eventually the mothers come to realize how important proper diet is. And as they see their babies gaining under the new regime more than before, so they tend to do more what they are told.

Time passes quickly and as the last mothers walk down the stairs, chattering and laughing in their soft native voices, with their toddling babies clinging to their trousers, the nurse glances out the door to see the sun sinking behind the near-by hills. She gathers up her cards and prepares to depart. The clinic is over.

ANNIE S. LAW, R.N.,
Duncan, B.C.

WORK IN SAYWARD.

It is with much pleasure that I submit a brief outline of the work in Sayward. The work goes on much the same as we are only a very small family. Visiting schools, child-welfare visits, prenatal and postnatal visits are the chief things; I do bedside nursing sometimes, and dressings, etc., and helping out people who cannot get out. Sometimes I can get in touch with the doctor of the Columbia Coast Mission and can then carry out treatment till we can get the patient out, or till they are strong enough to travel to Vancouver if they need further treatment.

During the last few years there have been very few changes. Some families have gone out owing to the lack of transportation to and from school, the distance being too great for the small pupils to walk especially in the winter. Other pupils have gone out to high school, having passed their entrance here.

This last winter has broken all records for Sayward. Altogether we have had over eleven feet of snow. In January it was impossible to get out because of the snow. Then, owing to the warm winds and rain there were floods when the river rose. In some places the water went into the rural mail boxes on the road, over four feet high. Just when the snow was at its worst, a small child, aged seven years, died. She had a serious operation in September. She had been home for several weeks, running around and even took part in the school closing concert at Christmas. After Christmas she seemed to gradually get weaker and died just after the heavy snowfall. It took several men six hours to dig a trail a little over a mile long. The next day several more men and teams broke the road as far as the cemetery and store about four miles from their home. So they were able to get the little one buried.

The health of the pupils seems to be very good in Sayward. There have been no epidemics. So far there have been very few colds in spite of the bad condition of the weather and roads.

EDITH M. WALLS, R.N.

VERNON.

There are many subjects that I might mention in connection with my health work here in Vernon. I have decided to take "Practical Nursing in the Home" as my topic. I shall attempt to show what I have done in that line, and mention some of the things that I hope to do.

I have for some years given talks, from time to time, on "Home Nursing" to groups of high school girls. This year I am giving a series of talks to quite a large group of members of the Women's Institute on "Practical Nursing in the Home." When I have finished these talks I hope to give similar ones in the Ukranian community hall near here. I try to make these talks as interesting as possible and listeners are urged to ask questions as we go along.

These practical nursing talks are outlined as follows:—

First talk: Health in the home. This includes cleanliness, ventilation, sanitation, flies, food, elimination, clothing, care of teeth, rest, recreation, etc.

Second talk: Signs of sickness, as temperature, pulse, respiration, general appearance, tongue, cough, bowels, urine and how to measure it; pain, chills, etc.

Third talk: Care of the patient, including cleansing bath, care of mouth, changing sheets, moving a bed patient, back rest, etc.

Fourth talk: Feeding the sick, which includes preparation of food for patients on liquid and soft diets.

Fifth talk: Treatments show how to prepare a hot fomentation, how to give an inhalation, how to make a mustard plaster, a linseed poultice, etc.

Sixth talk: Communicable diseases, method of spread, signs, isolation, care of hands, discharges, linen, etc.

Seventh talk: Emergencies and slight ailments, as poisoning, bleeding, fractures, dislocations, apparent drowning, etc.

Eighth talk: Prenatal and maternity care.

Ninth talk: Infant care.

Tenth talk: Feeding infants, pre-school and school children.

This comprises the outline of these talks which we add to when necessary.

On the thirtieth of this month the Women's Institute are holding their annual "Bird-house" competition in the Scout Hall. In connection with this there are exhibits of drawings, clothing, and woodcraft entered by the school children. Included in the school exhibit are health posters, health books, health projects, and essays on "The Care of the Baby" by the girls of the Entrance Classes. I am giving a general, practical demonstration on that day, showing substitute appliances that may be used in any home. This demonstration illustrates part of my talks on "Practical Nursing in the Home" and will, I hope, be as successful as the last one that I gave in the Scout Hall.

ELIZABETH E. MARTIN, R.N.

POPULARITY AND THE THREE C'S.

"A man, be the Heavens ever praised, is sufficient for himself. Yet where ten men are united in love, they are capable of being and doing what ten thousand would fail to do. Infinite is the help man can yield to man."—*Carlisle.*

"We love our Health Centre and we are proud of it." Such were the words that greeted me when I first arrived in Duncan. Naturally they made a strong appeal and I could not resist the desire to delve about for the reason and this is what I discovered.

Cowichan Health Centre has just reached the stately age of 15 years. Yet when one looks back over the accumulation of records, one realizes that, like many other Public Health endeavours, it was started by a little band of workers who struggled against considerable opposition and misunderstanding. They, too, in the early days were confronted with the problems that confront every pioneering district to-day and yet their work has grown far beyond the fondest dreams of the original Committee, and at the same time the community now boasts and points with pride to "Its" Centre.

What are the winning points of this successful endeavour? Let us consider them only from a very local point of view, and examine what seem to be the three most important factors of popularity.

First, the COMMITTEE. Members are staunch and courageous of character. Undaunted they are, possessing in no ordinary degree the gift of inspiring all. At the same time they stand "united in love"—capable of being and doing what ten thousand singly would fail. They back up the work, giving courage and sympathetic understanding to all problems as they arise. Truly such a little group of health missioners is outstanding—for with high ideals they set out to conquer the unknown and return victorious to be acclaimed by one and all.

Secondly, CO-OPERATION—always co-operation, a spirit of comradeship and good-will existing between the medical, dental, and teaching profession, besides all the others with whom one comes in contact, a spirit which has been helpful in establishing that permanency and trust which makes the Health Centre an integral part of the community.

Thirdly and of equal importance, that instillation, deep into the hearts of the people of the FEELING OF CONFIDENCE. To have the public feel free at any time to share their troubles and to be assured of a sympathetic and understanding hearing. One's best friend is one that will serve in time of trouble. "Infinite is the help man can yield to man."

To all the younger nurses, pioneering in virgin territory, let it be a comfort to you to know that as years roll by (and not so very many at that) triumph and success awaits your endeavours. Many valiant attempts prove to be apparent failures. Be not discouraged—foresee the value of the earliest and always the hardest work—that of laying the foundation. Here in Cowichan we are now benefiting from the early

struggles, and to-day we meet our people who cannot sing loudly enough their praises of the work. Thus popularity and its relationship to the three C's. You too can have all three.

GERALDINE HOMFRAY, R.N.

THE PROBLEM OF TEETH IN CHILDREN.

The teeth being formed in utero, are therefore influenced by prenatal conditions, and are influenced unfavourably by all adverse conditions in the first six to eight years of life. When the permanent teeth are being formed such conditions as rickets or other deficiencies in vitamins or infectious diseases as measles determine whether or not the child will have a healthy set in later life.

Heredity, of course, plays some part. The most common error into which parents fall is that they consider deciduous teeth may be neglected, as they fall out sooner or later. But the presence in the mouth of temporary teeth until the eruption of the permanent teeth is also necessary for proper development of the permanent teeth, and their proper placement or position in the dental arch. A perfect dental arch certainly influences well being and appearance.

The teeth being bloodless structures must have proper care expended on them so that caries may not develop. This care consists in:—

(1.) Properly balanced diet.

(2.) Mechanical care.

(*a.*) Proper brushing.

(*b.*) Removal of tartar by the dentist.

When caries develop it is impossible to say what course an infection will take. It may either be localized or break through the protective mechanism of the body and give rise to such profound disturbances as endocarditis, pericarditis, arthritis, and rheumatic fever, etc., through which, not only life itself, but the efficiency of the individual and his or her value to society are endangered.

Too, the care of the teeth should be of great concern to bodies controlling education—for a neglected mouth means retardation and waste of money devoted to education.

No child can devote attention to his school work nor exercise his mental powers properly when suffering from dental infection. His behaviour, present or future, may also be influenced by such infections; and, as such, should be of interest to our law-enforcing bodies.

DOROTHY E. TATE, R.N.

THE GENERALIZED PUBLIC HEALTH NURSE.

Once again the time has come around for us to do our bit by contributing an article for the yearly issue of the Public Health Nurses' Bulletin.

I have chosen as my subject the Generalized Public Health Nurse, as I feel that I am qualified to write on this subject.

The generalized public health nurse should know her district with its peculiarities and potentialities. She must study the different types of people and work she contacts, gain the support of the communities as well as the co-operation of all public health and welfare organizations, both official and voluntary. The work of the public health nurse is certainly neither uninteresting nor dull, as it deals with life itself, for one must be prepared to be mother confessor to all her flock, as well as carry out the usual duties attendant on such a position.

This requires a patience and tolerance, only acquired after much experience. The generalized public health nurse comes in contact with the family in all its different aspects, both health and social. One very important factor of this work is the prenatal care and advice. This phase of the programme is established to protect the mother and to promote the development of a stronger and better race of children—the citizens of the future. This training of mothers is very gladly accepted and the results are becoming more and more evident as time goes on. With the help of the Well Baby Clinics, it is gratifying to know that conditions arising from malnutrition and ignorance are gradually becoming a thing of the past and the child is thus prepared to meet the demands of school and future life with a much more satisfactory physical and mental development than would otherwise have been the case.

During the school years one phase of the work that requires unremitting watchfulness is that of communicable diseases. By a little detective work it is generally possible to trace the disease to its source. These cases, when found, should be isolated, thus preventing them from spreading the disease and causing hardship, not only to parents, but to teachers and other pupils as well. The general health of the child is carefully watched and instructions given to the parents when necessary.

In visiting the homes, one often meets problems of an upsetting nature which a public health nurse will see and recognize as being remedial. By her interest and sympathy she is able frequently to suggest some means of help. For instance, one mother living in a rather isolated spot and being so much alone, got discontented; as a result her general outlook on life was disturbed. I advised her to attend a sewing class. She did so and now has a better outlook on life. This is one small example of the many ways a public health nurse can be of help to her families.

The co-operation of the different societies is of great value and help to the Public Health Nurse, and again, diplomacy in contact is an essential.

The Public Health Nurse should feel "A friend in need is a friend indeed." So as we said at the start, the life of a Public Health Nurse is neither uninteresting nor dull.

ELIZABETH LOWTHER, R.N.,
North Vancouver Health Unit.

NELSON'S HEALTH PROBLEM.

The present school term has been an eventful one and has demonstrated in many ways to the Nelson public the value of Public Health work.

We commenced the term under a cloud because of the distant rumblings of poliomyelitis which was gradually creeping our way. As the disease became prevalent in the State of Washington, the people of Nelson were notified through the press, that travelling between the Kootenays and the State of Washington should be confined to business and that children should on no account visit in Spokane.

On the eve of school opening (August 31) a case of diphtheria was reported. The patient returned from a visit to a near-by town and arrived home with a sore throat. The family was quarantined a few hours after arrival in Nelson.

The month of September was well over, the weather much cooler, and our fear of a poliomyelitis epidemic was subsiding when our first case was reported (September 24). The patient was a pre-school child and medical attention was not obtained until the damage was done and one limb was paralysed. Parents thought the child was suffering from rheumatism.

There was general alarm and the public practically demanded a ban. Members of the medical association met and the Medical Health Officer closed the two schools which members of the family had been attending. The city council and school board met with the Medical Health Officer. Members of both bodies were well aware of the value of preventive work and a motion to engage three nurses to assist in the supervision of school health was unanimously passed. The meeting weighed the advantages and disadvantages of schools remaining open. The medical profession felt that if schools were closed it would be almost impossible to keep a check on the situation. If all absentees could be visited by nurses immediately it was likely that medical advice would be obtained in the early stages.

This supposition proved to be a fact in two cases at least. An absentee was visited on September 27. The nurse, visiting, found the child irritable and worried looking. Temperature was elevated, pulse was very rapid. Intestinal upset was present. The mother thought it quite unnecessary to have medical advice and explained to the nurse that the child had "Stomach Flu." The nurse however prevailed upon her

to call their doctor. The child was taken to the hospital, a lumbar puncture done and the diagnosis of poliomyelitis confirmed.

On September 29 a child was excluded from school because of a sore throat and elevated temperature. The home was visited by a nurse during the early afternoon and swabs were taken. Membrane and typical odour were present. The mother was advised to call her physician but refused to do so and was asked to reconsider. She was approached by the nurse again that evening and finally consented, explaining that a quarantine would inconvenience them very much. When the doctor called the membrane had been removed and the throat was in a bleeding condition. The nose and throat swab were positive but the parents refused to accept the diagnosis or to co-operate by having the child given anti-toxin or by observing quarantine regulations. Quarantine was enforced by the Police Department.

With the appearance of diphtheria the public became genuinely alarmed. Feeling ran high so that it was deemed wise by the Medical Health Officer to declare a ban (eptember 29–October 9). Schools, churches, theatre and other meeting places were closed and parents ordered to keep children in their own yards.

The teachers co-operated in a splendid manner and visited each home explaining to parents the health service which was at their command and reported back to the nursing service any cases of illness encountered on their visits.

No further cases of either poliomyelitis or diphtheria were reported during the week of the ban, but because of new cases reported the following week the Medical Health Officer again declared a ban in force which was in effect until October 26.

During this period much was learned regarding the eccentricities of human nature. Many of the people who demanded a ban in the first place wearied under its restrictions. Parents found it difficult to keep children from congregating. Children living in apartments had nowhere to play except in the streets. Merchants felt that business was curtailed and they were therefore "out of pocket." Beer-parlour operators were particularly bitter and interviewed the council regarding their rights. Experience taught us that at most it was impossible to foresee the difficulties which might arise when a ban is declared.

It would require considerable space to outline each case but the following tables will give a picture of the situation.

Poliomyelitis.

Case	District	Date	Age	Remarks
1	Nelson	Sept. 24	pre-school	Left leg paralysed
2	Procter	Sept. 25	school	no paralysis
3	Nelson	Sept. 27	„	„
4	Nelson	Oct. 12	„	„
5	Nelson	Oct. 17	adult	„
6	Nelson	Nov. 5	school	„

The cases of poliomyelitis appeared sporadically. There were no deaths and only one case where paralysis ensued. All cases received the serum of blood from immune persons. It was impossible to establish any source of infection. In no instance was there more than one case in a family.

Dr. Meekison's paper which was sent out by the Department of Health was invaluable to the nursing service.

Diphtheria.

Fam.	District	Case	Date	Age	Remarks
1	Nelson	1	Aug. 31	School	
		2	„ „	pre-school	carrier
		3	Sept. 1	adult	
		4	„ 2	school	
2	Nelson	5	„ 29	school	
3	Ymir	6	Oct. 13	adult	
4	Ymir	7	„ 15	„	died
5	Nelson	8	„ 17	school	
		11	„ 20	school	
6	Nelson	9	„ 18	pre-school	
		12	„ 21	adult	
7	Ymir	10	„ 18	adult	
8	Nelson	13	„ 22	school	

There were ten cases of diphtheria in Nelson and three from Ymir. One death occurred from Ymir, the patient having been ill for some time before entering the hospital. Contact and cases were carefully interviewed and history taken but here again it was impossible to establish a satisfactory source of infection. Cases appeared here and there throughout the city. It was believed that the cases were the result of a carrier.

Following the outbreak of poliomyelitis and diphtheria we had an epidemic of septic sore throat which lasted until the early part of December. There was membrane present in many of the cases and many of the cases were diphtheria suspects until swab reports could be obtained. The temperature in most cases was much higher than usually found in diphtheria (103°–104°).

January was a comparatively quiet month but with February came a "Flu" epidemic which has given us much cause for worry because of the complications—mastoiditis, rheumatism, sinus, and eye infections.

There have been eight mastoidectomies performed as a result of this epidemic and on one day 20% of the school population was absent owing to illness.

Routine work has suffered rather badly, but we are confident that with health conditions in schools gradually improving we shall be able to complete our year's work.

KATHLEEN GORDON, R.N.

MEDICAL RELIEF—WITH REFERENCE TO ITS EFFECT ON MORALE.

The situation which here demands consideration is not that of the state of those who are on relief, and the medical care given to them. They receive this, either upon demand or on the recommendation of the Public Health Nurse. This care includes all the incidental care any one might require, maternity service, extraction of teeth, and free medicines. There is, however, another section of the population which is on low income, in some cases no more than that of the relief standard. To these, sickness is a major calamity, from a financial point of view. Naturally they receive required attention from the doctor, regardless of their ability to pay; but if they, the recipients of this care, have the independence that demands the payment of bills they hesitate to incur them when their ability to pay is doubtful. The few dollars that are needed, to make the quite necessary but not urgent visit to the doctor or dentist, are so often earmarked for food and clothing that the visit is never made. Never, until the dark night when little Willie is ill indeed, when a health visit is no longer in question, prevention is too late, and an emergency is declared to exist.

Here, when little Willie is so sick, is where the pressure is exerted. The family ideal of the moral grandeur of never owing goes, goes *phut*, in fact. Naturally. The only human and tenable position the family can take is to get all the care for little Willie that he needs. But when Willie is recovering, on naps, and cod-liver oil the bills come in; cold thinking takes the place of emotionalism. They discover that they would have been better off on relief? They are right. They would.

On low income the man with illness in his home has his choice. He may:—

(*a.*) Do without medical aid. The nurse will call once and advise a doctor's care. She can do no more, being unable in every sense of the word to suggest treatment or medication.

(*b.*) Call the doctor. Have him do everything that he finds necessary, and run the corollary accounts of nursing and drugs. If he has the independence that he should he has to pay, for his own self-respect; but, on low income, most people feel an eventual resentment for these expenses, when obviously, their neighbours on relief have no such worries.

(*c.*) Go on relief. This may involve lying to the investigator, and understating his resources; quitting the small job he has, in order to qualify. This course gives him absolute security in the event of accident or illness. Gently and insidiously he begins to believe in Santa Claus, and the law of equivalent return becomes the myth.

It may be argued that the cause of these people on low income needs less attention than that of the really poor, and that such people are not found in great numbers. My contention is, that such people are the custodians of the morale of this Province. The better off have never been tried, those on relief have been tried too hard in the economic struggle. It is the man on low income who shows us the national temper.

In view of this the public health nurse is delighted when anything towards a general contributory health insurance scheme is advanced. Such a scheme will be a powerful factor in saving this pioneer country from decadence, without its proper interval of civilization between these two states.

BERYL MCPHERSON, R.N.,
Coombs, V.I., B.C.

PUBLIC HEALTH IN WESTBANK.

The day previous to the opening of the Schools in Westbank and Peachland in September, 1934, Dr. Ootmar, our M.H.O., telephoned from Kelowna across the lake and warned me that we would have to watch for signs and symptoms of poliomyelitis developing. There had been some cases in Spokane, and with the traffic back and forth across the line we would be exposed. He instructed me to find out if any of the teachers or children had visited there during the summer vacation, and if so have them quarantine themselves for two weeks. On making a tour of all the schools I found that neither teachers nor pupils had been there, so the schools were duly opened. Now, Westbank is situated on the west side of Okanagan Lake. The lake is about 4 miles wide and 85 miles long, and the only way people can get to Kelowna from Westbank, or vice versa, is by a ferry that plies between the two places. This ferry runs every hour, the first one leaving Westbank at 8.30 a.m. and the last at 8.30 p.m. The people of both places have often wondered if a bridge could not be built across the lake, especially when they arrive two minutes late for the ferry and have an hour to sit there and contemplate. Well, this same ferry proved to be of great benefit when some cases of poliomyelitis actually did develop in Kelowna. Dr. Ootmar enlisted the help of the Provincial Police in checking up on all cars from across the line. The ferry wharf proved to be an excellent checking place, as it is a continuation of the main highway. The parents were advised of the seriousness of the situation, and to keep their children and themselves away from any homes where there was sickness. Most of them complied with the doctor's instructions. However, there is always someone who doesn't understand why they should comply with these regulations. One Sunday morning a family in Kelowna decided they would go to Westbank to visit some friends. Now this family had been in contact with someone who had developed poliomyelitis. Before night, Dr. Ootmar found out where this family had gone. He telephoned to the Public Health Nurse, and had her send the family home at once. The family which they were visiting was quarantined for two weeks, as two of the children were attending school, but fortunately no cases developed. Dr. Ootmar and the Public Health Nurses kept a strict vigilance over the district, and through the local papers kept the people posted on the latest developments, and while they realized the seriousness of the situation, this kept them from getting panicky.

GRACE HILL, R.N.,
Westbank, B.C.

RAIN OR SHINE?

The weather plays a very important role in the attendance at the Well-Baby Clinic. Immediately on rising every Tuesday morning the nurse looks out of the window to see what the weather man intends to give that day. Heavy rain means a small clinic, probably only mothers with cars will attend; and if the sun is shining a good attendance is expected. Where there are four rainy Tuesdays in one month it is very discouraging.

In 1926 a Well-Baby Clinic was started here. It was first held monthly, but it was soon discovered that that was not sufficient so it was held weekly which has been the case ever since. At first just one nurse was in attendance, but it was soon found that it was almost too much for her so the school nurse was given permission by her Board to assist each week. In May, 1931, a pre-school clinic held at the same time was inaugurated which demanded another assistant. Now the school nurse is responsible for the pre-school children and the district nurse for the babies. A voluntary worker, who is very interested in the work, weighs the babies, which is a tremendous advantage as the nurse can devote her time to giving advice.

The members of the local committee take turns in serving tea to the mothers and arrowroot biscuits to the children. They have assumed this responsibility ever since the beginning. This gesture of hospitality is appreciated greatly, especially on a cold day or if the mother has some distance to walk. Another value of this arrangement is that the members of the Committee come into direct contact with the work.

The clinic is essentially a weighing station. Any conditions suspected such as feeding problems, rashes, etc., are referred to the family physician. This has been found to be more satisfactory in an industrial town of this size, rather than having a medical man in attendance. The latter was given a trial during the first year. Some of the doctors asked the mothers to attend the clinic in order to keep check of their child's weight, thereby helping them to regulate the formulæ.

The clinic is held in the Canadian Legion Building which is almost in the centre of the city. The room is set up each week for clinic, one end set aside for the babies and the other end for the older children. An I.O.D.E. organization presented the clinic with baby scales and the school scales are used for the pre-school children. A large table in the centre of the room, covered with a sheet, is used by the mothers dressing and undressing their babies. The table method is much preferred with the majority rather than using their knees. Ordinary wire waste paper baskets are available to hold the clothes, thus preventing them from falling on the floor or touching those of their next-door neighbour.

Much interest is shown in the different health posters that decorate the grey walls. Some of the pictures on the posters are even used to induce the four-year-old to stand on the scales. The table with health literature draws the attention of the mothers, many pamphlets pertaining to other phases of health are taken home for the use of the other members of the family.

The toys that are supplied for the pre-school children to play with certainly act as a good means of bribery. Mothers often relate stories to the effect that her small son begged to come to clinic to play with the toys. In watching the children play the nurse gains some knowledge as to the mental development. Some children show quite a creative ability. Imprints of the children's feet are made by means of applying a liquid preparation to the soles of the feet, then an imprint is made on a piece of drawing paper. This gives a fair idea as to the condition of the arch.

Before each new term, for the past three years a special pre-school clinic has been held for those six-year-old children starting school. The school nurse gives the usual school inspection, thus getting acquainted with the child. They were weighed and measured and imprints of their feet taken. The members of the nursing committee serve tea. At the last clinic three fathers brought their sons, then stayed to listen to the doctor's informal talk. At each clinic one member of the medical profession has given a very interesting talk on some health problem, especially pertaining to the six-year-old child. The stores in town very kindly loaned sample clothing. Health literature was also distributed.

Some gratification was felt when at the last clinic the majority of the children had either attended the baby or pre-school clinic. Also the number of underweights and defects found were much less than that found at any other clinic. The best record for attendance was attained, seventy-five percentage of the beginners were present.

A branch of the town clinic is held in the Chinese Mission in China-town once a month. The majority of the mothers cannot speak English, but we talk with them by means of an interpreter. The wife of the Chinese missionary has kindly consented to act in this capacity. A number of Chinese posters have been sent from China, all nicely printed on rice paper. The children are taught health drills to teach them some of the rules of health. If you want real comedy watch a dozen Chinese children between the ages of two and six years do the handkerchief drill.

Due to the generosity of one of the local organizations, cod liver oil was supplied to the families on relief who have babies or children requiring it.

Each year shows an increase in the attendance at the Well-baby and Pre-school Clinics.

MURIEL UPSHALL, R.N.,
Nanaimo, B.C.

MENTAL HEALTH IN OUR SCHOOLS.

Some time ago, when discussing our health programme with a physician he said, "Mental hygiene is being sadly neglected in the schools." I have thought a great deal about this remark, and have decided that he was right.

We strive to instil good physical habits in the child so that he will have a good chance to develop a strong, healthy body. We also spend a

great deal of time striving to have physical defects corrected. Are we doing as much for the mental health of our children?

We often see a teacher giving a great deal of extra instruction to "Johnny" who does not understand fractions, but, if on the other hand "Johnny" is one of those pupils who has a good degree of intellectual capacity, but is shy, retiring, and over-sensitive, and does not mix or play with the other children, is extra time given to him going to help him adjust himself to daily life?

Dr. Geo. Davidson, of Brandon Mental Hospital, writes, "Most of our mental disorders are due to bad mental habits, and if these bad habits are left uncorrected then one sees difficulties setting in during later life." In summing up the article from which the above is taken he points out the need of 1st: recognizing mental abnormalities in children; 2nd: in preventing the development of these abnormalities and correcting them; 3rd: in proper handling of children who already show these abnormalities.

A writer to Mental Hygiene regards fear and speed as two of the greatest mental health hazards. Fear in a child very often leads to queer or objectionable conduct. In speaking of speed, Miss E. de V. Clarke, Supervisor of Mental Hygiene, Toronto, says, "The school supervisors require speed of teachers, they in turn hold the stop-watch, so to speak, on the child. Educators have assumed that the way to speed in performance of school work is to force the pupil to hurry—he must learn things by a certain date, and the child who cannot learn fast enough is certainly out of luck. A great many times the nervous system of both child and teacher cracks under the strain." How often we have seen this happen!

To have and maintain good mental health in children lies with the parents and teachers. Most habits are formed before school age, so the greater responsibility rests with the parents. The teacher should be able to recognize these habits and correct them. She should also avoid overstraining the mind of the child. As Public Health Nurses we can do our part by being the link between the home and school, and smooth out many a conflict that might arise between mothers and teachers.

P. Charlton, R.N.,
Armstrong, B.C.

TOXOID.

A campaign for immunization in Saanich is conducted along novel lines—in that no campaign is attempted. With this community, the usual drive for vaccination or inoculation is accompanied by a vigorous counter-drive against them—organized by members of the Anti-Vaccination and Anti-Vivisectionist Leagues, etc. Consequently, it has been found that the best method of procedure is to work with as little publicity as possible—and as quickly as possible.

Our recent campaign for diphtheria immunization was conducted in this way. A definite schedule for clinics was arranged, and explanatory

pamphlets issued to every school child. These were signed by the parents who wished the treatment given and collected as quickly as possible. The first dose was then given immediately. Clinics were conducted in all the schools by the Medical Health Officer. The nurse for each school was present to round up the children and to record doses.

The response was particularly gratifying. Approximately five hundred children—school and pre-school—were immunized. In a few cases some discomfort was experienced—but none serious. All the children were checked by the school nurse, home visits being made where necessary.

The Health Department feels that the success of the method is largely due to general health teaching. Throughout the year the school nurses introduce the subject of immunization to parents while visting them to check absentees or illness, etc. The discussion is casual but informative. A prejudice based on ignorance and fear can often be eliminated by a simple explanation of procedure and purpose. We have found that the best method of combating anti-vaccinationists is to avoid the appearance of argument—but to be prepared to offset inaccurate statements by a disinterested presentation of actual figures. Those for Saanich—compiled by the nurses personally—have been particularly valuable in these interviews.

M. R. Smith, R.N.,
Saanich Health Centre.

ORGANIZING THE NURSING SERVICES OF A HEALTH UNIT.

In any nursing service where there is more than one nurse in a district, proper organization of the work is important. This organization should be planned with a view to giving the maximum amount of service to the district with a minimum amount of overlapping. It is also necessary to plan with a view to giving variety of work, or generalized nursing, together with adequate off-duty time for the nurses.

Having these objectives in view, the reorganization of the work at Saanich was undertaken.

A survey of the district over a period of three or four weeks produced the following data:—

(1.) There are eighteen schools in the district, three of which are high schools, three large seven-roomed schools, and the remaining ones from four rooms to one, mostly in the outskirts of the district.

(2.) The larger schools are in one part of the district where the greater part of the population reside, and so is a seven-roomed high school. The schools in the outlying districts are as far as 10 and 12 miles from the central ones—a point which had to be considered when planning a specific and equitable district for each nurse.

(3.) The ever-present question of bedside nursing had also to be taken into consideration, and, like all districts, this phase of the work in Saanich is a variable quantity—running in spurts.

As a consequence, the schedule for nursing and school work was drawn up as follows, and has, with few exceptions, worked out very well:—

Definite Schools.		Emergency Work.	
Nurse No. 1 Nurse No. 2	Monday a.m.	Nurse No. 3	Monday a.m.
Nurse No. 2 Nurse No. 3	Monday p.m.	Nurse No. 1	Monday p.m.
Nurse No. 1 Nurse No. 3	Tuesday a.m.	Nurse No. 2	Tuesday a.m.
Nurse No. 1 Nurse No. 2	Tuesday p.m.	Nurse No. 3	Tuesday p.m.

Monday a.m.	Nurses Nos. 1 and 2	Nurse No. 3
Monday p.m.	Nurses Nos. 2 and 3	Nurse No. 1
Tuesday a.m.	Nurses Nos. 1 and 3	Nurse No. 2
Tuesday p.m.	Nurses Nos. 1 and 2	Nurse No. 3

and so on all week.

The school schedule is inflexible, and any nurse not being able to visit her particular school on the scheduled a.m. or p.m. is substituted by the nurse in charge.

Notices were sent to each school at the beginning of the term indicating the schedule for the coming year, as follows:—

"*Prospect Lake School—Schedule for Visits of School Nurse.*—Every Tuesday a.m. and Friday p.m.

"If the regular nurse is unable to visit, another nurse will make the call.

"(Signed).....

"*School Nurse.*"

The nurse gets to the school at 8.45 a.m. to arrange re-entry of pupils who have been absent, etc., and 1 p.m. for afternoon calls. Arrangements for M.H.O. examinations are made in advance, and invitations are sent to parents to attend if desired.

But, you ask, what about the disorganization of this schedule in the stress of extra nursing? It may seem unreasonable that the one nurse on call can handle all the emergency calls if she has two or three obstetrical cases to attend. At one time during this year we had five confinement cases on the go, and each nurse was able to handle a case along with her school-work. It meant that home and school visiting was postponed until the afternoon or next morning, but it was done, and admirably too, while all emergency calls were handled by the nurse in charge.

The high schools are visited once a week. All M.H.O. examinations were done during the first month of the school term. This enables the school studies to be uninterrupted by medical inspections for the whole of the term. Sex education talks were given to both boys and girls immediately following the medical inspection.

It is understood that all emergency calls to both high schools and elementary schools are answered by either the nurse "on call" or by the supervising nurse.

Time off for the nurses is arranged with a view to the convenience of the nursing schedule as well as to the nurses. Each nurse takes successive week-ends off, as follows: First week and from Friday night to Sunday night, followed by a week-end on duty, with a p.m. off during the week as the school schedule permits. The next week-end starts at noon on Saturday and continues to Sunday night. In this way the weekly p.m.'s are compensated. Night duty during the week is taken consecutively turn about, which amounts to one night in three being on call, or two nights a week.

This off-time schedule is also inflexible, which enables each nurse to plan ahead for her off-duty time.

Apart from the school schedule, around which this work seems to revolve, the nurse in charge manages to address public meetings, and feels gratified to know that all Women's Institutes and some of the Parent-Teachers' Associations have been addressed about the work of their Health Unit. This is the most effective way of breaking down any prejudice and of getting to know the people of the district . . . and doing educational work.

This programme has now been in operation for nearly a year, and there has been no necessity for changes, which leads to the hope that as we are able to do more in the district we will be able to fit the extras into the schedule without disrupting the basic scheme.

BERTHA JENKINS, R.N.,
Supervisor, Health Department, Saanich.

PROGRESS OF PUBLIC HEALTH IN KAMLOOPS, 1925–35.

The Kamloops Red Cross Society was responsible for the Public Health Service being started in the year of 1922. Miss Thom, the Red Cross District Nurse, began the first school work in the City of Kamloops. During this early stage of the pioneering work the nurse spent her time between bedside nursing and school work. It was then that the foundation was laid for the advancing educational work that is being done to-day, which is now under the auspices of the School Board and City Council of Kamloops.

From all accounts it was very difficult for these early nurses. Later in 1925 Miss Fisher was in charge. I found an interesting annual report of hers to which was attached a Dental Survey Report, showing the deplorable condition of the children's teeth at that time. She states in her report that:—

Children examined, 731; children with defects, 636, or 87 per cent.; children with permanent defects, 483, or 66 per cent.

She also says in her appeal to the School Board for a Dental Clinic (which was never granted) that "This work is necessary for the physical

and mental welfare of the children, and will undoubtedly result in improved general health conditions in the whole community, for children with healthy mouths are less subject to acute infectious diseases." It must have been quite a misfortune to the public-health work when Miss Fisher resigned at the end of her first year of efficient work.

However, she was followed by a most capable and competent nurse, Miss Janet Campbell. She carried the banner of progress and also laid many good bricks to the foundation of public-health work. She was able to gain the confidence of the parents and children and was so able to break down many old prejudices.

The Red Cross Well-baby Clinic was established after the war. Hundreds of mothers have received the skilled advice given at these clinics. A great deal of credit is due to these nurses who ploughed the rough places, and built the firm foundation on which it has been possible to carry on with the progressive work of public health.

The mere fact of the improved condition of dental hygiene will show what has been done by the education of the parents and children in our clinics and schools. For instance, the following figures may convey to your mind the improvement in the dental health of our school children:—

Defective teeth (permanent and temporary): 1925, 87 per cent.; 1935, 20.70 per cent.

Defective teeth (permanent): 1925, 66 per cent.; 1935, 10.13 per cent.

One can see at a glance what education has done: First, by prevention, the building-up of general health and hygiene; second, by early dental treatment.

Miss Fisher also stated that goitre was very prevalent in 1925.

Goitre in all schools: 1925, 32.5 per cent.; 1935, 10.6 per cent.

This condition has been overcome by the addition of iodine, using iodine tabloids which are provided by the generosity of the Imperial Order of Daughters of the Empire. These are given to all children who show the slightest symptoms of enlarged thyroid glands.

There are no early figures showing the precentage of infected tonsils and defective vision, but it is interesting to note that we have only 4.57 per cent. of all children needing the preventive operation for the removal of infected tonsils.

Now I would like to dwell on the all-important subject of *good vision*. When I took this position in 1927, I was amazed to find the number of children with defective vision. After many years of talking, persuasion, and patiently waiting, I am now pleased to say that we only have twenty-seven children needing glasses, 3 per cent. Last year 60 per cent. of all defects were corrected.

It has been possible to have many of these defects corrected through the kindness and skill of our doctors and dentists. Then, too, through our Junior Red Cross Society, which was organized in 1929. The first year we held a bazaar in the Lloyd George School which realized $186. We sent a baby to the Queen Alexandra Solarium for one year. The following year we held a Junior Red Cross "Primrose" Tag Day, and

have continued to do so annually since that time. Altogether we have collected $713.50; and eighty children have benefited from this fund.

Our school population has certainly increased. Pupils: 1925, 731; 1935, 1,105.

The Junior High School was opened in 1929. Since that time it has been possible to carry out a much more advanced educational programme. During that year we gave our first toxoid treatment as a prevention of diphtheria. At that time we immunized 40 per cent. of our public-school children. We have given this treatment annually since. Now the following percentages of children are protected:—

Lloyd George, 49.78 per cent.; Stuart Wood, 61.40 per cent.; High School, 40 per cent.; all schools, 49.27 per cent.

We also hold pre-school clinics for the immunizing of this group. Unfortunately very few parents avail themselves of this opportunity. It seems so difficult to make them realize that diphtheria is one of "The Four Horsemen of Death," and "that between 60 to 75 per cent. of the deaths from diphtheria occur in the age group under five years."—(Dr. Amyot, North Vancouver.)

Certainly the children are healthier and have fewer defects than when Miss Fisher made her report ten years ago.

The following comparisons of malnutrition will give an idea of what the correction of defects has done to improve the physical health of the children:—

	1925. Per Cent.		1935. Per Cent.
Stuart Wood School	20		19.19
Lloyd George	30		20.20
High School	27	Junior High	14.17
All schools	25		17.85

Surely these figures speak for themselves and the prophecy that Miss Fisher made, that "The physical and mental welfare of the children will undoubtedly result in improved general health conditions when these defects are corrected," has come to pass.

We have had no epidemic this past year or any infectious cases whatsoever. It is now over four years since we had a case of diphtheria in Kamloops. We are most fortunate in having the support of our Rotary Club, which supplies our schools with between 400 and 500 quarts of milk a year for the underweight and children who stay for lunch. Our local Red Cross Society provided on an average 5,000 quarts of milk to the homes yearly, also 75 bottles of cod-liver oil.

The public is realizing more and more that in the twentieth century, medical work is preventive. Thus positive health is offered to all who will avail themselves of it. It is given freely and willingly and yet so many pass it by and are content with old ways, traditions, and ideas.

This education is offered from the prenatal stage to High School. During this school age we Public Health Teachers have such wonderful opportunities of sharing our knowledge and experience. Especially interesting is it to form the Little Mother League classes and teach these

young girls in Grade VIII. the true meaning of reproduction, the care and training of the mother and babe. Indeed, we seem to tread on holy ground when we come to the threshold of these young minds; as Mr. Ira Dilworth, of Vancouver, said once: "We must come in great humbleness and wait with great patience, for we are on the threshold of the greatest of all mysteries, the human mind." Yes, indeed, how little we know of or understand the human mind.

What is the human mind? "It is the voice of the universe made articulate. It is the voice of the soul." (Lesson help for Teachers.) Should we then not listen more intently to this voice of the universe, and keep our minds young and ever advancing so that there is a greater bond of sympathy between us? For, as Leonardo da Vinci says: "Learning maketh the soul young, it decreases the bitterness of old age. Gather then wisdom, gather sweet fare for thine old age. Little knowledge imparts people with pride, great knowledge imparts humility."

So again we take up our banner of progress and fight not with arms of war and destruction, but with wisdom, knowledge, and humility, for the positive health and happiness for all nations.

OLIVE M. GARROOD, R.N.

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EDITORIAL.

MOST of the Public Health Nurses of this Province are familiar with the letter-head of the Department of Health, on which comes the yearly request to "send in your article for the BULLETIN, dear Nurse, as soon as possible"; and most of us are also familiar with the rumpled heads and wracked brains which inevitably follows this yearly request.

It is therefore a source of continual wonder to me that the articles which finally appear are so original and well prepared, and proves conclusively that as we live up to our calling of being able to fashion things out of nothing when working against terrific odds in the field, so we also can produce readable articles at the eleventh hour.

The interesting feature about this BULLETIN, now that it is compiled, is that it will be available for distribution in time for the various conventions for which Vancouver is to be host and which we are being privileged to attend. We have the opportunity through the Provincial Health Officer, who makes these yearly Refresher Courses available to each of us, and the benefit we derive from these visits will be shown in our work as the years go by.

As this volume goes out, therefore, may we echo the words of our new King when he ascended to the Throne: "May we be worthy of the heritage that is ours."

B. J.

TABLE OF CONTENTS.

A SAANICH SONNET.

Have you seen Dr. Young's little column each month
Of the blessèd events in our midst?
Walter Winchell himself with his very best hunch
Couldn't ever foretell such a list!

The old stand-bys are there who produce every year,
Almost all of the Spring's blushing brides,
Though the lads of the Fleet many miles are from here,
They have added their quota besides!

Even people whose youngest are almost through school
Have their name on the baby-list now,
We should visit each one, but with programmes so full
For a time we just couldn't see how.

We started a clinic for pre-schools and babes,
Every month in a hall it was held;
With a Doctor and Nurse, snowy gowns and the scales,
And a rattle for infants who yelled.

Now the first afternoon was all spent on just three,
And the Doctor said, " Waste of my time."
At the second just one—what the Doc said to me!
Well, the next month the number was nine.

Twenty babies and mothers, some sisters and brothers,
A father who carried a twin,
Our last clinic discovered, said they'd bring the others,
Sure the Doctor was almost all in.

Dr. Young's little column so bad doesn't look,
And the blessèd events seem more blest,
When we find more than half in the new clinic book,
Its good fun to go after the rest.

NOTE.—The above was inspired by the true story of a clinic we started in one part of the District last December. In six months the attendance has increased from two or three to over twenty.

JENNIE HOCKING,
Saanich Health Dept.

PUBLIC HEALTH, LADYSMITH AND DISTRICT.

This district comprises a rather extensive school programme; there are nine schools (752 pupils) taken care of and, with the exception of the local high-school pupils (99), the youngsters are all weighed and inspected each month, weight-cards being given to all pupils 10 years of age and under; this brings in the first five grades. The local high-school pupils are weighed and inspected twice a year and as occasion demands.

I find the weight-cards a valuable contact between pupil and nurse; any constant loss of weight or resistance to gain is found in this way, and I feel it has much to do with the lessening of colds, as the old stand-by, cod-liver oil or its equivalent in some form is being looked upon with a real usefulness; also early and regular bed-time habits on school nights is stressed as a most important factor in keeping up the avoirdupois. This system is put up to the pupil for trial and together we check up the result.

With the exception of the receiving class and new pupils, the annual medical examination has been discontinued at our local schools, it being felt that demands were being met by the Public Health Nurse, in whose responsibility lies the referring to the Medical Health Officer or private physician of defects noted for correction.

I feel that much can be accomplished with home-school visiting. The importance and method of the check of contagious diseases can often be better stressed when entering the home for another reason; the mother's mind is not so distracted as when fighting a hazard and she listens with interest, discussing points that have been misunderstood by her.

We were fortunate this year in having dental work done of which we were sadly in need. Sixty-eight clinics were held to cover the work of the public school; could this branch become an annual work, much time and expense would be saved. I think a system of raising funds towards the cost might be covered in the same way as the public interest in the school sports fund.

Our Grades V. and VI. girls recently had the honour of bringing home the shield for the Girls' Choir at the Nanaimo Festival; this shield has previously been carried by a group for four successive years. Great credit was due the teacher who trained them, and I feel she was also assisting in the aid of the health programme, since without one we cannot have the other.

The six districts taken care of in this territory have from one- to four-roomed schools, the greatest distance being 16 miles north-east of here. A system of hiring transportation was in vogue when I came here; this was satisfactory, with the exception of considerable waste of time, as it meant a wait for either the driver or myself when I had finished at the school, also a double journey was covered. Later on I purchased a car, the Department making an allowance towards its upkeep, and I am now using the car full time as satis-

factory work could not be carried on here without means of transportation. I make it a rule as often as possible to call on an absentee the first day from school.

We are proud of the fact that we have had control of scarlet fever three times within the past three years, each case not spreading beyond inception.

Well-baby clinics are held twice a month and we have infants that do us credit. Just now there are twins that chose January of this year for their birthday, and owing to the long spell of severe weather I have kept up a Monday morning visit with the scales. Bobby has already outgrown his shirt and with his shortened sleeves he greets me with a stretch quite pugilistic; Betty is the dainty maiden and both are behaving as infants should.

Travelling Tuberculosis Clinics are held three or four times a year and the response is good from those whom we suggest a check-up; other clinics are held at intervals.

This district has suffered considerably from the decline in mining activities during the past few years, but we are hopeful, however, of some change in conditions with the assistance of a logging company becoming interested in our locality. This is a most beautiful spot for scenery and climate.

E. G. ALLEN, P.H.N.,
Ladysmith, V.I.

PUBLIC-HEALTH WORK IN A DEMONSTRATION AREA.

The first year of public-health work in the Sumas-Matsqui-Abbotsford Demonstration Area has been one of intense interest. It was my first venture into work of this kind and it was the first public-health work to be done in the area. In the schools of Matsqui and Sumas there had been no medical examination of pupils for five years or more. I arrived in the area only a week after the demonstration had been begun under Inspector P. H. Sheffield, and my first meeting with the M.H.O., Dr. McDiarmid, after reporting a case of measles, was not encouraging, when he stated that there had not been an epidemic of measles for several years, and if a case or two had appeared in the district, nothing could prevent its spread.

The first task was to learn the geography of the district, which comprises 94,644 square miles, exclusive of Huntingdon Village and Straiton (unorganized territory), giving us both highland and lowland and many rough, hilly roads to travel. The Inspector took me to the schools and introduced me to each of the forty-seven class-rooms in such a way that any fear the children might have had of a School Nurse was completely dispelled. The attendance at many of the schools was low, due to an absence of parents and, in some instances, of pupils at the hop-yards. The hop-yards brought our first problem. A few cases

of measles seemed to have originated there and as the people returned to their homes cases began to appear in all parts of the district. However, epidemic proportions were reached in only one school. Then chicken-pox appeared and the odd case of whooping-cough.

One of our principal difficulties has been to educate the public to the need for isolation of infectious cases. When some children were sent home from school with chicken-pox or measles, the parents did not hesitate to take them visiting over the week-end. By addressing meetings of women in all parts of the area, by explanation, persuasion, and occasional threats, we managed to convince the public that children sent home from school with one of the diseases should be kept home.

By Christmas-time the fear of an epidemic seemed to have vanished. At that time we had only a few cases of rubella in the district, and it appeared that the New Year would see us free from preventable diseases. We had not reckoned with the Christmas festivities, however.

A few parents seemed unwilling to keep their children home from the Christmas-tree entertainments and by the middle of January rubella was rampant. The attendance of pupils at school was greatly reduced and for a period of two months nearly 25 per cent. of the teaching staff were away with rubella. During the epidemic twelve cases of scarlet fever appeared in different areas, necessitating a thorough check-up of all absentees and suspects; 244 visits were made!

Last October a medical examination of 1,485 children was begun and at the same time Dr. Quinn was engaged to make a dental survey of the pupils. These examinations have been productive of much good. The medical examination brought the pupils' defects to the attention of their parents. The dental survey revealed such an astonishing percentage of defective teeth that a dental clinic became imperative. The clinic was begun in January. Two dentists at Abbotsford work four one-half days each week and two dentists at Mission work two one-half days each week. Because many of the pupils are brought to their school in buses, it was necessary to convey children to the dental clinic by means of the same buses. From ten to twelve pupils are brought in each morning to Abbotsford. They are taken to the Inspector's office, where they do school-work, read library books, and otherwise employ their time usefully while awaiting their turn in the dentist's chair. At Mission five or six pupils are left in each dentist's office on the mornings when the clinic is operating.

These activities have been received with great appreciation by the people of the area. Many times parents have said how pleased they were to know that sanitary conditions have been improved by the installation of paper towels and toilet-paper, which formerly was supplied to only three or four schools in the whole district. Poor drainage systems which were contaminating wells have also been promptly attended to. A number of undernourished children have been supplied with milk and have shown marked improvement. Every day, by telephone or by letter, requests are made for visits to the homes

of pupils who are ill, and the public seems to be heartily in accord with the work that is being done. The home-visits are extremely important in an area such as this, where so many families on small holdings are on relief. Many of them hesitate to call a doctor because of their inability to pay him. In many cases I have been able to point out the need for immediate medical attention in critical cases.

Without the friendly assistance and support of the people of the district the results we have been able to achieve would have been impossible. The help and co-operation of Inspector Sheffield and Miss Robertson, of the demonstration staff, have been invaluable and my work has been considerably simplified by the elimination of four School Boards. The Women's Institutes, Parent-Teacher Associations, and the Welfare Association have given whole-hearted assistance. The doctors have always been ready with advice and assistance in emergencies. The hospital staff, under the kindly supervision of Miss Archibald, have helped in so many ways. The Municipal Councils, too, have given support and assistance that has been invaluable. Altogether, the help and support that has been forthcoming from the people of this area have been most encouraging and bring conviction—if that were necessary—that public-health work is certainly worth while.

J. M. ARNOULD.

COOMBS AND DISTRICT.

Coombs, Hilliers, and Errington Districts have been under my care since August 1st, 1935, but it has not taken me until the present time to realize that the advice which we were given during our Public Health Course—namely, "that one must not be discouraged if the results of one's efforts are slow in coming to notice; that one must be satisfied to reach a single objective at a time"—is not to be taken lightly.

I admit that at times I have been rather downhearted. Parents have been rather difficult when approached concerning the administration of vaccine or toxoid to their children. My authority in certain school-nursing matters has been questioned. Criticisms have had to be dealt with tactfully yet firmly. But I have had very fine co-operation from my local Nursing Committee, and I am not at all discouraged. I feel that I have gained the confidence of the people in the district, and am sure that all my efforts to reach the main objective of public-health nursing are not in vain.

The programme carried on is a generalized one, the most important phase being school-nursing. Each school is visited twice a week, with a view to checking up on absentees. The teachers have been co-operative indeed, reporting any rash, headache, or other symptoms at once. There has been one case of German measles and two of chicken-pox in the schools, but these have been isolated in time to

prevent any spread of the infection. As the nearest hospital is 30 miles away, and as most of the people in the district are in very hard circumstances financially, correction of diseased tonsils and adenoids has been rather difficult to secure. We are very fortunate indeed to have the services of a dentist in the district twice a month, and it is most encouraging to find parents doing their best to afford dental treatment for their children. The Women's Institute has been very helpful in supplying suitable school clothing for the children of larger families. A Little Mothers' League branch has been formed here and all school-girls over 10 years of age have attended the classes. The mothers have been very appreciative of this service for their girls. The Little Mothers, in their turn, have shown deep interest and willingness to learn "How to save the babies." The boys, of course, must not be left out, so I have started to take first-aid classes with them in connection with the Canadian Junior Red Cross branches here. All the school-children are weighed and examined once a month, particular stress being laid on regular gaining of weight. The poverty of the district, along with the ignorance of mothers in matters of diet and good home-management, is greatly to blame for several cases of malnutrition. However, I am succeeding in making the children "weight-conscious," and this, with the addition of a few helpful hints to parents and the use of current health-literature, is proving successful in clearing up the condition.

Pre-school children and infants are visited once a month and examined. It is one of my chief ambitions to start a pre-school and infant clinic here. But several factors appear to prevent me from carrying on. It is about 12 miles from one end of the district to the other. The only means of transportation is by car, and cars are so few and far between and volunteers are so scarce that it is impossible for mothers to bring their small children to a central clinic. But I am doing the next best thing. I am starting a weighing-station in each of the three districts, once a month. The first one we have just had proved quite successful. The idea is being met with much favour from parents. The prenatal work is being carried on by home-visiting.

I have several things in view for the coming year. Perhaps I may be able to go ahead with the idea of a pre-school and infant clinic. Certainly I am not going to give it up as a hopeless business. I would like to take classes in home-nursing and hygiene. All the school-children are anxious to have instruction in first-aid to the injured, and they shall have it. I would like to meet with parents, perhaps once a month, to discuss health matters of common interest. There is much to be done, and I am full of hopes that, in the coming months, my programme may become more and more complete. I am sincerely thankful for the wonderful encouragement and help I have had from Dr. Young, for, without that, the way would have been much more difficult.

So again I say I am not discouraged or yet disappointed! If the future of public-health nursing in this district holds as much oppor-

tunity as the past has revealed, all will be well and our objectives will certainly be reached!

I. CHODAT,
Coombs.

TRANSPORTATION NORTH OF THE PEACE.

The means of transportation for the Public Health Nurse has always, I believe, been a bit of a problem, especially in a rural district.

The question is how to get the nurse conveyed to and from her work, be it patients, schools, clinics, etc., with the least possible expenditure of money, of her time, and of her energy.

There are, of course, many ways she may travel—from aeroplane to snow-shoes—but not all equally practicable. The means of transportation has to be suitable to local conditions, and usually the cost of maintenance is of vital importance.

If it is financially possible, of course, a small car is the ideal; that is, when climatic and road conditions are equally possible.

I have now worked north of the Peace River for five years, and have travelled to my patients and to very scattered schools, etc., in very many different ways.

At first there was the old Ford car, lent to the nurse " for the duration " (of the car!). " Eliza " was a faithful old car, even if not much to look at. She certainly lacked many things that the average car is expected to possess; but she had a wonderful engine (so every one said) and a very willing spirit, and altogether a nice disposition. Many a time she was left in a mud-hole or astride a stump while I journeyed on to my patient on foot; but she was useful on the roads and saved much time. The horse was used for the trails and more difficult trips, and during the many months of the year when " Eliza " was snowed up or laid off on account of mud. Of course, she was an expense to run, with gasoline at 50 cents a gallon; very shaky and bumpy to ride in; also draughty after the glass in her wind-shield was bumped out, and dreadfully noisy, but there were many regrets when she finally gave up the ghost. Her engine now saws wood in Fort St. John, while her body, converted into a sort of buggy, is pulled around by horses! How the mighty have fallen!

After the demise of the car I stayed steadily with the saddle-horse, varied by " Shank's Mare," except when I was fetched to a patient, when I travelled in a diversity of rigs—from a stone-boat to a dog-sleigh, including a hay-rack, a grain-box wagon, a home-made cutter, a comfortable heated caboose, a bob-sleigh, and many others.

Generally speaking, the roads have improved in the last few years, making transportation easier; but there are still parts of my district almost impossible to get at, except in winter, on account of the muskegs. The steep hills with their winding, precipitous roads pre-

sent a very real obstacle to easy and safe travelling, especially after a Chinook, when the surface becomes glare-ice. Taking a patient to a hospital over such a hill is quite a difficult procedure and requires real team-work.

At one time, transporting an old lady with a dislocated shoulder, we made a safe journey down an icy hill by several men going ahead early in the morning with picks and cutting a groove in the ice to take the sleigh runners at the most dangerous points, while another man riding a steady sharp-shod horse was hitched on behind the sleigh to act as an anchor and hold it from swinging around. It was rather a perilous ride, but, fortunately, the patient was the least concerned of the party, and we reached the bottom safely and thankful. The hill on the south bank of the river was less icy and more easily navigated.

Riding horseback when the temperature is very far below zero is a cold business, and then, if time permits, I prefer to walk. At present I am considering training my two dogs to pull me on a light toboggan. With such a small team I could not expect to go far or over bad trails, but they might manage my hundred pounds on good trails, and it would be decidedly warmer than perched up on a horse.

Of all the many ways I have travelled to visit a patient, perhaps the most unusual (and undignified) was on hands and knees.

Hearing that there was a sick child on the other side of the lake, I left my unshod horse at the house I was visiting; I proceeded to walk the odd half-mile or so across the ice, as advised, instead of going 2 or 3 miles around. For some little way out from the shore the ice was comfortably covered with snow, but out in the wind-swept centre it was plain well-polished ice and I found myself sitting down suddenly every few yards. Finally, in desperation, I took to my hands and knees and crawled across the lake nearly to my patient's door.

Surely there are many ways for a nurse to travel her district!

MURIEL CLAXTON, R.N.,
Cecil Lake, B.C.

BABY-WELFARE, FORT ST. JOHN.

Baby-welfare work has its basic principles that apply in any conditions, but which must be adjusted to the local surroundings. This has been impressed upon me in this field of work here in Fort St. John.

Fort St. John, in the Peace River Block, is what might be called one of the last pioneering districts. This area is sparsely populated, with log cabins miles apart. Most of the inhabitants are farmers who left their land in the Prairies to try to make a living in this new country. The average length of their residence here is about four years. Needless to say, the homesteads are not very well developed and the farmers are far from rich. Fort St. John, consisting of a

row of false-fronted stores, log hotel, post-office, and a few dwellings, is the centre of this district north of the Peace River.

We are fortunate in having two doctors, one a resident physician and the other the Indian Agent, and a very well-equipped Roman Catholic hospital. The doctors visit the outlying districts only in a case of emergency, and the people, because of the long distances, do not come in for medical attention. We are trying to bridge this gap through the efforts of the Peace River Health Unit. Baby-welfare work is an important branch of this programme.

Owing to the fact that these homes are scattered and travelling conditions are poor—horses being used many months of the year—it is impossible to visit all the babies each month; thus the establishment of baby clinics was imperative. The Women's Institutes of the various districts proved a great help in the organization of this work. They were appealed to and took up this work eagerly and as one of their projects. This enthusiasm or community spirit, by the way, seems to be the main characteristic of these people. On this trait much of the success of the clinics depends. The farmers will go miles to the pie social; any community event, however simple, seems to have a great attraction for them.

As it was not convenient for the doctor (who was to attend these clinics) to leave Fort St. John, the clinics had to be started as weighing-stations. It is hoped that a doctor will be in attendance at future clinics when the snow is gone and the trips to the outlying districts can be made in one day instead of several.

The day that the first clinic was held the thermometer registered 25 degrees below zero. Luckily, this was warmer than it had been for several weeks, when it had been ranging between 40 and 60 below zero. Even in this cold weather the mothers and children bundled up and came by the cutterful to the church hall where the clinic was held.

The routine of the clinic is much like that of any other baby clinic, with its weighings, measurings, and advice. The value of cod-liver oil was preached and this food was dispensed to babies where it was impossible for the families to provide it. Orange and tomato juice were spoken of, but as oranges and tomatoes are unobtainable here in the winter, and in season are so expensive, turnip-juice has to take the place of these in many cases. Canned juices are too highly priced for general use.

The babies are, on the whole, very healthy, and mothers are healthy from an outdoor and thus more normal life. The babies are given a good start in the prenatal period and are helped through the first months by breast-feeding. Isolation cuts down the danger of infectious disease tremendously. To reduce this danger to its minimum, however, the idea of vaccination and toxoid inoculation is being introduced. The vaccination-work has started and toxoiding is being planned for the near future.

In regard to pre-school work, much of the time is spent on food problems. The families in many cases do not realize the importance

of a properly balanced diet for the children. For example, it will take much work to teach them that vegetables should be grown in large enough quantities to be available throughout the winter. The defects found in this group, such as tonsils and teeth, will, we hope, be taken care of in the various school clinics.

The Health Unit has been functioning comparatively few months and infant-welfare work is just being established in this northern area. Since development in every line of community education is important, not only to the community itself, but also to the firm foundation of the unit, infant-welfare work as a branch of health education is not to be ignored in this district, where a great deal of work must be done to bring the ideas of preventive medicine to the people's minds.

NORAH CUNNINGHAM, R.N.,
Fort St. John, B.C.

ON ORGANIZING DENTAL CLINICS IN THE PEACE RIVER BLOCK.

A phone-bell broke the silence on one of Victoria's glorious August mornings in the middle of my summer vacation. Dr. Plenderleith, Business Administrator of the new Peace River Health Unit and Official Trustee of the district, wished to see me at his office at the Department of Education. Orders were to return to duty and organize dental clinics throughout the Peace River Block.

Two dentists were coming from the Coast for two months' duty. There are children scattered over a country that sadly lacks communication; perhaps one rural mail weekly and one phone in a district which must serve a very wide territory; transportation is always difficult; some of the districts and people I knew well, of others I had had only a bird's-eye view from passing in a car; every child must see the dentist and only two months in which to do the work—such were the thoughts that went through my head.

It was to the women of the Block that I turned for help. We are fortunate in having many well-organized Women's Institutes and other interested groups of citizens. They are to be congratulated on the splendid way they helped, not only by devoted service, but by the money collected in voluntary donations of 25 cents given to defray expenses.

The southern districts of the Block were zoned into five centres and we worked in empty shops, hotel lobbies, and schools, etc. Committees of women with their conveners were arranged for. Three members were on duty all day. They relieved each other, one member staying on till her relief knew how to do her job. One woman was secretary, another looked after the sterilizing and the instruments, and the third after the wants of the dentist and children. They also arranged that the staff was housed and fed. All equipment was

brought from Vancouver. The nurse in charge had to see that the clinic was set up and that supplies were on hand, including water, which is always a problem in this district, and also to supervise the various work being done by the women each day. She must also see that the children had transportation, and in many cases go after them herself. I found that my Chevrolet roadster would manage fourteen children with a little scientific packing in the rumble-seat. The programme for the next day had to be gone over to see that all would run smoothly.

Dr. Coghlan and Dr. Currie, our two overworked dentists, were marvellous with the children, many of whom had never seen a dentist and who were not, at their first sight of the man with his instruments, very much in love with him. However, they always left good friends, and in some of the difficult cases with an odd dime. There was only one child in the entire area that the dentists were unable to work on.

The following story was heard one day: Dr. Coghlan, who was working on a badly decayed 6-year molar of a rather nervous 8-year-old boy, said: "Now I am going to work in that nice little nest and drive out all the little bugs." "Oh," replied the child, "then I can run away in the nurse's big car" (it happened to be Dr. Cull's Ford V-8—his idea of a big car), "so they won't get in again."

It is of interest to note that the children of some of the districts had very bad teeth, and yet in some of the most isolated spots the teeth of the children were found to be in very good condition. Chewing on hard moose-meat may have something to do with having good teeth. It is thought that some chemical in the water may account for the bad teeth in certain areas.

The work in the northern district was done at the schools, about the same amount of work being covered in both north and south areas. I think that the conservation of the strength of and the nervous strain on the dentist should be thought about. Sleeping in strange beds every night, setting up and unpacking the clinic, and miles of travelling over bad roads, often after eight hours of hard work, should be carefully thought of by the organizing head.

In our most isolated places Mahomet had to go to the mountain. School districts nesting in the fertile valleys of the Peace River and surrounded by foot-hills were visited by boat. With Dr. Cull, Medical Health Officer, dentist, nurse, the school-children's examinations and dental work were done at the same time. Space does not permit me to go into the details of this very interesting trip.

Kelly Lake, outside of the Block, was reached by motoring 70 miles through Alberta in the snow, the party consisting of Dr. Cull, the dentist, and the nurse. It was finished up with a 10-mile drive over muskeg in a wagon that possessed no springs. We arrived at 10 p.m. at the home of Mrs. Ward, graduate of St. Michael's Hospital, Toronto. Mrs. Ward is doing our school-work there and her husband is the school-teacher. Unfortunately, the wire announcing our arrival had not been delivered. The house was in darkness when we arrived,

and most women who had a home consisting of one room would have been quite upset had they to provide extra sleeping accommodation for one woman and three men. Not so Mrs. Ward—she was kindness itself, and soon had hot coffee and a lovely meal set before us. Bedrolls were made ready and we were happy and warm and soon to sleep. I would like my readers to meet Mrs. Ward, who is doing such marvellous work among the half-breeds and Indians. She is the only white woman in that particular area, but keeps the future of a new country always before her and sees the beauty of Nature and good in everything; a somewhat difficult philosophy to attain in a hard pioneering country conquering the last trails of the North-west.

The urgent need of this work to be done was well known to Dr. Young, Provincial Health Officer, the situation having been presented to him professionally, privately, and by an interested public. We have him to thank for making this great work possible.

The results of the clinic are many, and the good work can already be seen.

(1.) This year there has been a marked improvement in the attendance of the school-children, this fact being brought to my attention by the teachers themselves.

(2.) The children are taking more interest in the care of their teeth.

(3.) The nurses have not to contend with the child crying with toothache, miles from help in 40-below-zero weather and snow-drifted roads.

(4.) The people feel that something, to the most quite beyond their reach, was accomplished by the dental clinics for the children.

(5.) It made a pathway for the staff of the Peace River Health Unit to carry out prevention and health to greater goals.

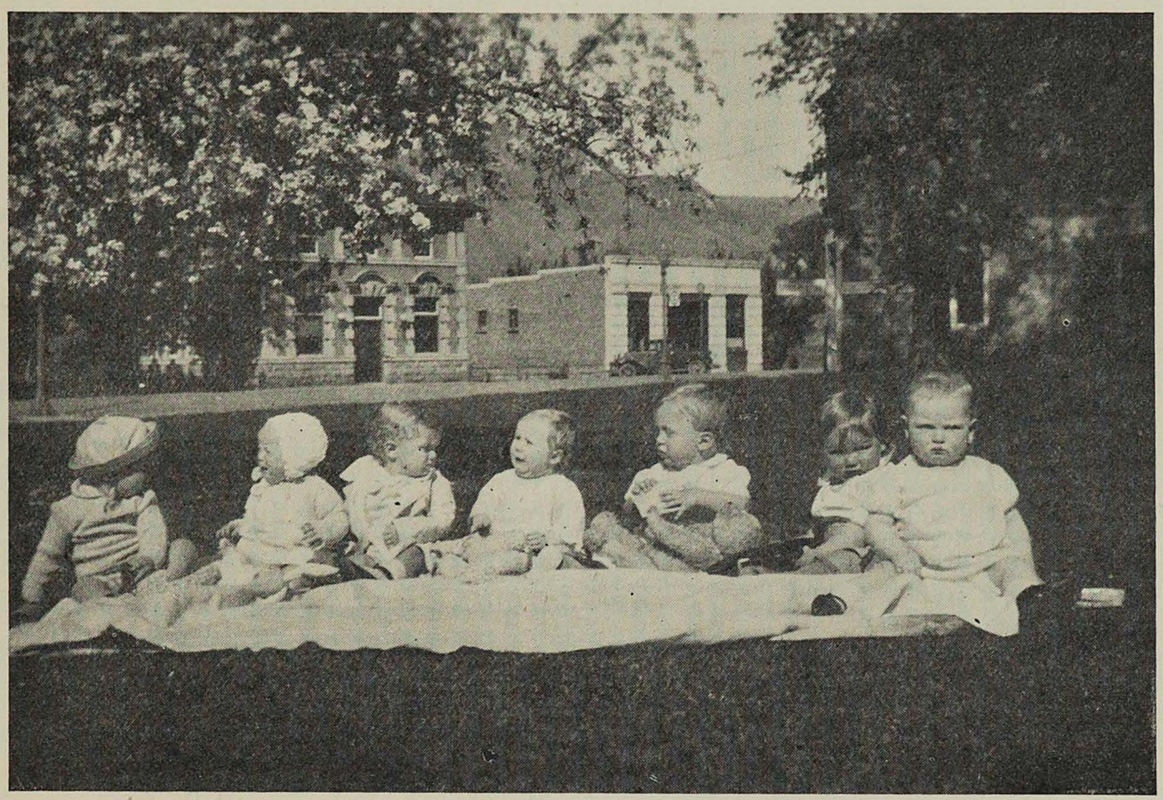
N. E. DUNN, R.N.,
Supervisor of Nursing, Peace River Health Unit,
Rolla, B.C.

SOME WAYS AND MEANS OF CORRECTING PHYSICAL DEFECTS AMONG THE SCHOOL-CHILDREN OF KAMLOOPS.

After writing so many articles for our PUBLIC HEALTH BULLETIN, one finds it difficult to continue annually with something of interest. However, I will tell you something of what we are trying to do to reduce our physical defects. Most of the parents who can afford to have these defects corrected now take the necessary measures. They are realizing, as never before, the far-reaching effects of the neglect of defective tonsils, teeth, vision, etc.

Six years ago I organized a Primrose Tag Day, the proceeds of which were used for our Dental and Medical Fund. This fund had

been used for the purpose of having defects corrected, of children whose parents have found it impossible to do so owing to unemployment. We formed an advisory committee to look after the finances, also to whom I could refer names of children needing treatment. My



Some babies attending Well-baby Clinic at Kamloops.

committee investigates every case most carefully. The children from the Lloyd George and Junior High Schools have assisted on our Tag Days; also we have had donations given to us, amounting to $100, roughly speaking. Altogether we have collected for this fund $788.71

Some mothers and babies attending Well-baby Clinic at Kamloops.

and have given assistance to ninety-eight children. Most of the defects corrected have been defective teeth and vision. This year alone we have corrected 64 per cent. of the defects. In 1925, 66 per cent. of the school-children had defective permanent teeth; in 1936 this was reduced to 10 per cent. Our school population is just over 1,000 and there are only ten children who need glasses. Most of these children have parents who can afford to buy them. Some day I hope we shall have 100 per cent. good vision.

In 1925, 32 per cent. of the children had goitre; in 1936 this was reduced to 5 per cent. For several years the Imperial Order of the Daughters of the Empire have provided us with iodine tabloids for all children showing any sign of goitre. I am pleased to find that this year twenty-five of our high-school pupils have shown very marked improvement, owing to the continued treatment which they have received during the past five years. Toxoid treatment has been given continuously since 1929 to the school-children. We have 62 per cent. of our children protected from diphtheria, and also hold a pre-school clinic and usually treat twenty children annually.

It is quite a grief to me that parents do not realize the benefits that are offered them free of charge. However, it is only by education that we can hope to build the future health of our race.

OLIVE M. GARROOD, R.N.

"AN IMPOSSIBILITY BECOMES A REALITY."

I think that I am just beginning to realize how much planning and thinking and talking and scheming is necessary before anything really worth while is accomplished. So many things around us which are functioning smoothly in our day, things which we take for granted now, have taken hours of careful study, and have had very perilous trips through the sea of public opinion.

It is over three years ago that we first mentioned to the people of Nelson the necessity of a pre-school and school dental clinic. Fully realizing ourselves the appalling dental conditions which existed in our community, we tried to convey to the public the need of dental work and to interest people in a clinic, the purpose of which would be: (1) Education of parents and children as to the need of dental work; (2) operative work for children of the indigent and near-indigent families.

However, a dental clinic was an impossibility. It was not just that we sensed the fact, but we were definitely told that it was. "It would cost too much." "It couldn't be organized so that it would work." "A dental survey had been done before and nothing was accomplished as a result of it."

And so each year we talked and planned and schemed. The need of dental work was becoming greater as the period of depression lengthened. The dentists co-operated to the best of their ability, but there seemed little to offer except extractions. Many of the children

had so many teeth extracted that they were unable to masticate their food properly. There were so many abscessed teeth and more than a few cases of acute rheumatism, which our doctors told us were due to infections of the mouth. There were so many swollen painful faces and so many notes from parents explaining that children were absent from school on account of toothache.

Dr. Young brought a ray of hope to our midst when he visited us last June and addressed a very representative meeting, explaining to those present the need of dental work and offering material assistance.

When the fall term commenced we felt that it would be wise to concentrate all of the time which we could spare from routine work on the organization of a dental clinic. We talked to the Women's Institute, the Gyros, and the School Board. Our first real assistance came from the Nelson Women's Institute, when early in November they voted money for the purpose of carrying on a dental survey.

Dr. Walley, a local dentist, was appointed to do the examinations, and it was one of the most interesting and conscientiously done pieces of work I have ever seen. The children were carefully examined and findings charted on the dental charts provided by the Department of Health. When the examinations were completed we heaved a sigh of relief, feeling that our work was nearly over.

However, we found ourselves faced with the problem of compiling a statistical report which would convey something to our public, and we found that the hours spent on the statistical end of the survey almost outnumbered the hours spent in actual examination.

We were not the least surprised at the results obtained. Doctors, dentists, and Public Health Nurses the Province over realize the appalling need for dental work. The public, however, was surprised. On the whole, people were aroused and genuinely interested. The local press devoted considerable space to the printing of statistical reports. Parents received cards with tooth-defects charted.

The School Board members became interested, and after the matter was discussed from every angle they voted that $1,200 be included in the estimates for the purpose of organizing and carrying on a dental clinic.

The Provincial Board of Health obtained the sum of $306 per year from the Department of Education toward the salary of a dentist and donated the sum of $1,000.

We are planning to commence work this fall. A committee has been chosen to obtain equipment and work out a policy for our dental clinic.

In reviewing the situation, it is gratifying to note that a dental clinic which seemed well-nigh an impossibility a short time ago is now well on its way to becoming a reality.

KATHLEEN GORDON,
Nelson, B.C.

PEACHLAND-WESTBANK.

Four months have passed since I was transferred to the Peachland-Westbank District. In that time I feel that I have learned something of the people, their needs, living conditions, educational background, and religious doctrines.

A generalized nursing service is required, so the many phases of the work must be considered and developed, each as an integral part of a public-health programme adapted to the needs of this community.

Prenatal instruction forms a good foundation for future health-teaching. In most cases the patient is confined in hospital at Kelowna, but some infants are born at home.

Infant-welfare and pre-school teaching is well received. Most of the mothers are anxious for advice and willingly bring their children to weighing-stations. This month we hope to have Dr. Ootmar, of Kelowna, with us at a well-baby clinic in Westbank.

With the splendid co-operation of the teachers the school-work is well begun, but there is yet much to do. Simple goitre is very prevalent amongst the school-children and with the consent of the parents we hope soon to give preventive iodine at school. Plans, too, are under way to form branches of the Junior Red Cross this fall.

When Dr. Lamb and Dr. Kincade visited our district during the first week in May, 155 of the 179 school-children were given the tuberculin test. Ten showed local reaction after the first dose and three after the second. Five of the total were Indians. At this time thirty-two pre-school children were tested and all found to be negative. Of the twenty-three young adults, including teachers, twelve showed positive reactions. In the near future Dr. Kincade plans to follow up this test with physical and X-ray examinations of those reacting to the tuberculin test. This survey has stimulated a community interest in the present campaign against tuberculosis.

Bedside-nursing is necessary in a number of cases. Very often through this branch of the work interest is created in the nursing programme and those who were at one time antagonistic become loyal supporters of the nursing service.

First aid is frequently required, as we have no resident doctor in Westbank and the hourly day ferry service to Kelowna is discontinued at night.

The Indian reserve presents problems of its own. Superstition, old Indian customs, and a little knowledge of modern theories present rather serious difficulties. As an example, there is the Indian girl who had heard there were people ill at Westbank. When I visited her home she asked if every one was well, for she said: "You might bring the germs to us." An Indian lad with lobar pneumonia and a history of tuberculosis was seriously ill and refused to go to hospital, so was of necessity nursed on a very draughty floor. Yet the younger generation is beginning to accept a higher standard of health and will

seek advice and co-operate to a certain extent. Tuberculosis is the greatest problem of the reserve. Those suffering from the disease are undoubtedly infecting others. Yet what is to be done?

Sanitation, the disposal of refuse, safeguarding the milk-supply, etc., are vital problems of this rural area.

In Westbank and Peachland the general attitude towards public health is good. A splendid foundation has been laid by nurses who were here in previous years. With the hearty co-operation of physicians, teachers, members of the local Board, and other organizations, we hope to progress steadily, although slowly at times, towards our goal of good health for all.

MARY GOWEN, B.Sc.

MISSION AND MAPLE RIDGE DISTRICTS.

The " mills of the gods " seem to be grinding a little less slowly. One wonders how much faster public-health projects would be carried out if the " times " were as good as in the 1920's—with public interest aroused as it is to-day. Difficult times seem to be necessary to impress people in general—those who are impressed—with the advantages and need of preventive and scientific measures in the building of positive health.

Undoubtedly there is keener health-consciousness among the laity than there was ten years ago. There is also a greater appreciation of the authorized services available to the public and an increasing demand for them.

The information on health measures that has been given to people by press, air, across platforms, and in the homes is reaping a measure of harvest. In spite of the number on relief budgets and the larger number on small wages, there are fewer underweight children than there were before the " depression." Also there are in this field a smaller percentage of pupils absent from school because of illness other than communicable diseases or accidents.

As an example of public awareness, many have remarked at Father and Son banquets, " in almost every case the son was the better man of the two " (physically). They gave the credit to improved athletics and the greater attention to diet and hygiene, by which the sons have benefited. And, again, the very few times one hears of convulsions during baby's teething period these days as compared to those of mother's day, and the almost universal use of cod-liver oil for babies instead of teething-powders. While one less seldom hears that " Johnny's father and uncles had weak eyes or bronchitis " given as a reason for neglecting Johnny's need of glasses or medical care.

These districts have had rapid growth in school attendance. There has been an increase from 1,700 pupils to 2,400 in the past three or four years in the nineteen schools in an area of about 240

square miles of occupied land. In addition to the natural growth in receiving classes, many have come from the big city and the Prairie Provinces to our fair valley.

Unfortunately, the past winter's routine health-work has been hampered by communicable diseases, chiefly rubella and influenza, but with one good result: many people realize and state that there should be two Public Health Nurses here. This good luck, I really believe, may come in the near future.

There were "repeat" diphtheria-toxoid clinics in the one large centre which were well patronized. There have been inquiries for others as well.

Anti-goitre tablets are still being given to the pupils up to the sixth grade in eight schools. These are supplied by the School Board. Very few cases of enlarged goitre are found in these schools. Milk is also supplied by the Board to under-privileged children in these schools.

In addition to the four regular chest clinics held here by Dr. Lamb annually, a tuberculin-test survey is being conducted at present by this Travelling Medical Health Officer among the Japanese. There have been seven "new" active cases among their young men in the past eighteen months. The hope is that further clinics will soon be held for the rest of the population. These surveys are a great advance in preventive medicine.

There is also need for the application of mental-hygiene principles in our schools, where large numbers of children are almost surely going to find their social adjustments difficult in the coming years. We hope to do something along this line in the near future.

E. GRIERSON,
Mission and Haney.

"SELLING PUBLIC HEALTH" IN THE KELOWNA RURAL DISTRICTS.

The problem confronting every Public Health Nurse working in a rural area is that of "reaching" her public and placing her wares before them so successfully that they will co-operate with interest in her efforts to develop a public-health consciousness.

I will endeavour to present as briefly as possible some educational methods used to attack this problem in the Kelowna rural districts, a farming area of scattered communities of some 3,600 people, embracing sixteen different nationalities.

The continuous health education of the individual by personal contact in the home and school is, of course, second nature to the Public Health Nurse. Personal contacts in clinics also come in this category, but the more intimate personal relation established by the home-visit has been found invaluable, because parents will have con-

fidence in and listen to some one they know personally who is obviously interested in the welfare of themselves and their children.

Education of the public in the mass has been attempted by means of lectures given to many different types of organizations and gatherings—by health exhibits, by health talks in the schools, and by the wide and free distribution of suitable health literature.

The annual School Health Cup competition staged between ten rural schools has been an educational force of a somewhat different nature, arousing keen interest among school trustees, teachers, parents, and children in the health conditions in their own schools. The graded results, embracing every phase of personal hygiene, school sanitation, interest in and response to health education, are fully written up by the School Nurse in an annual topical report, in which she also endeavours to present in an educative and interesting manner every phase of public-health-nursing activity carried on in the communities and schools.

This report (which has grown through the years to a mimeographed booklet of some twenty-one pages) is sent to representative school trustees and other key people in the districts, and is discussed at the annual meeting of the Kelowna Rural Schools Health Association.

Personal interest in child-welfare work has been aroused locally by enlisting the aid of Women's Institutes and other interested persons in the organization and operation of well-baby and pre-school clinics. Clinic work in general has been a prominent feature of the development of the educative, preventive, and curative programme of public-health nursing in the rural areas, as the summary of results at the end of this article will show. All clinics are attended by the Public Health Nurse; those of a preventive nature and well-baby clinics by the district Medical Health Officer. Such clinics held in their own districts are an effective means of coming into personal touch with rural residents. Well-baby clinics especially, where refreshments are served by the Women's Institutes, are really pleasant social and educational gatherings.

Results of Health Education.—The result of seven years of intensive personal and mass health education has been seen in the response of parents and teachers to requests from the Health Service for consent to active immunization of school and pre-school children against scarlet fever, diphtheria, and smallpox; to goitre treatment in the schools, and, most recently, to tuberculin-testing of school-children. Too much appreciation cannot be given to those teachers in the rural schools who have placed before their classes the need for such protective treatments, and have themselves administered iodine for simple goitre prophylaxis, standing behind the Health Service with valuable moral support in their own school-rooms. The teachers have also impressed continually upon the children under their care the need for personal hygiene, and brought before their School Boards the need for

necessary improvements in school sanitation pointed out by the School Health Service.

Some of the practical results of health education may be summarized as follows:—

(1.) Ninety per cent. of 700 rural school-children in ten rural school districts actively immunized against diphtheria, or Schick negative; 50 per cent. of 380 pre-school children on register actively immunized against diphtheria.

(2.) Eighty-eight per cent. of rural school-children vaccinated against smallpox; 48 per cent. of 380 pre-school children on register vaccinated against smallpox.

(3.) Simple goitre reduced in three years in the schools from 66 per cent. to 25 per cent., due to the administration of iodine by the teachers with the consent of parents.

(4.) Ninety-six per cent. of 736 school-children tested with the tuberculin test with the consent of parents.

(5.) Gradual improvement in school hygiene and sanitation as shown by the increasing percentage of points gained yearly by individual schools in the School Health Cup competition. In 1932 the lowest school gained 54.4 per cent. of possible maximum; in 1935 the same school averaged 75 per cent. of a possible grading of 1,200 points.

(6.) One hundred and thirty-two rural well-baby and pre-school clinics, sponsored by Women's Institutes, at which 876 children made 1,265 attendances.

(7.) Four hundred and eighty-nine free clinics of various types, preventive and curative, at which 3,691 adults, school-children, pre-school children, and infants made 8,526 attendances.

On consideration of the above summary of results, it would seem that methods used to " sell public health " to residents of the Kelowna rural districts during the past seven years have resulted in a greatly increased interest in and understanding of public-health aims and objectives.

ANNE F. GRINDON, R.N.,
Kelowna Health Unit.

CONTROL OF COMMUNICABLE DISEASES.

Last May two cases of chicken-pox from one family developed in two class-rooms of Grade I. and two pupils. Previously, when this happened, I inspected classes frequently, excluding any further cases which developed on school-days, and, if I could not contact the parents, hoped that nothing would happen over the week-end. This time, however, I expected the contacts of these cases to develop the disease on days which included Thursday, a school-sports day; Friday, the May Day Festival; Saturday, the children's ball; and the Sunday. There were seventy-five contacts and it was a big task to notify the parents of those children personally. I decided to make use of the

mimeograph equipment at the school and notified the parents by forms which were delivered by the children who were contacts. Eight cases of chicken-pox developed during the holiday, but each one was recognized in the initial stages and no other cases developed from contact with those eight cases. Instead of being alarmed, parents were extremely co-operative and pleased that they had discovered the disease at the first symptom and that they had prevented other children from contracting it.

Since then I have distributed mimeographed information occasionally, stating what diseases are likely to occur, describing the symptoms, and giving instruction about the procedure if anything develops. Parents are always notified if there is known contact at school or anywhere else, and if a family contact is excluded, the mimeographed form is also given as part of the instruction at the home-visit for further reference.

After a year's experience with this method I find that parents are grasping knowledge of the diseases and are co-operating splendidly. Class-room inspections, etc., are continued, but are not as profitable as before.

It is gratifying to have parents realize that a cold may be the beginning of a communicable disease and to have their co-operation at that stage in the development of, for example, measles. I now consider these forms an indispensable part of the education and control of communicable diseases.

M. HARDY,
School Nurse, West Vancouver, B.C.

ADVERTISING—A PUBLIC-HEALTH NECESSITY.

In speaking of advertising public health, let us dwell for a moment on the word " advertise." What does it mean? According to a text on " Modern Business," advertising is an announcement to the world, telling the people what it has to offer. It is an invitation to get acquainted. If it is successful it is a contact that opens the way to permanent friendship, for it radiates friendly fellow-feeling.

Let us apply this to public health. By means of advertising it, we are giving the public an opportunity to be better acquainted with our work, we are making contacts, we are paving the way to permanent friendships, and we are radiating friendly fellow-feeling.

One can readily see why people, being acquainted with any particular type of work, and therefore possessed of a greater understanding of its value, will rally to the cause. Equipped with knowledge of public health, people will put forth a good deal more effort mentally and physically to support it, and it is that added support that we are striving for.

Advertising is a form of education. In all phases of life the task of education must go on year after year—repeating the same

processes. For instance, the multiplication table may not change, but there is always an army of new pupils who need to learn it, and sometimes an army of old pupils who have forgotten it and need to learn it again. Repetition is necessary to assure a permanent place in the memory. Every Public Health Nurse knows how very true this is. In health it is necessary to repeat the same lesson over and over again. If we advertise the lesson we are employing only one more way of putting it across and forming a permanent place in the mind of a person.

Again, advertising is a tremendous force in the life of a people. It is a vital factor in the building-up of any enterprise. Look, for instance, at magazines, newspapers, sign-posters, neon lights. A manufacturer cannot afford to let the public forget his products for one moment. So it is with public health. One must constantly strive to keep the value of this work ever before the public eye.

Moreover, advertising is a force made to overcome barriers of inertia. By this one does not mean that we are displeased with health conditions in our Province. Far from it, but in almost any work there is room for improvement and any effort put forth to further this improvement is of great value. By advertising public health we can mould public opinion by changing old habits and beliefs, by planting new ones, and by overcoming prejudices, and hence lay the foundations for a healthier future.

We are the lights of public health. Let us not hide our lights under bushels.

GERALDINE HOMFRAY, B.A.Sc., R.N.

" RELAX."

In this accelerated day of hectic dashing back and forth from case to case, from school to school, from confinement to confinement, from rubella case to rubella contact, the art of relaxation is almost lost. It is typical of human nature that sight is lost of the things most needed and which are closest to hand. Relaxation is one of these near-by remedies—and how we need to make use of it!

While physical relaxation is a matter of will-power, a matter of just stopping occasionally to get some extra sleep, mental relaxation seems to be more elusive, and to a group of nurses it seems hardly necessary for me to emphasize the value of this capacity for which most of us long and which few have achieved.

In my humble opinion, however, the ideal way to relax is to have outside interests—anything that will take us away from nursing and things that " pertain thereto "—either a *Hubby* or a *Hobby!* I have not tried the former, but I can certainly vouch for the benefits and pleasures of the latter.

A hobby, so I have found, is a path by which one may wander to green fields far removed from the sick and their troubles; where

for hours at a stretch one can create fascinating objects out of materials, and exhibit them later for the pleasures of others. For instance, take china-painting, photography, drawing, etching, gardening, leather, wood or copper work—any of them will lead you off into another world of enjoyment entirely apart from the nursing sphere. A change is as good as a rest, so they say!

These side-lines, or lanes, lead to the development of unthought-of talents, and are not to be compared with various forms of exercise and sports, such as horseback riding, tennis, etc., that lead to nothing but physical prowess. Not that exercise is being condemned in this article—far from it; but it is being contrasted by the satisfaction which a creative urge produces and the tangible results which ensue. After all, it is an achievement to be able to produce unusual gifts for various members of the family at Christmas-time, and the emergency gifts for Aunt Susie's birthday or sister's wedding!

Being a group of nurses—and women—I don't suppose many of you have ever considered photography as an outlet; and yet it is true that most of the outstanding work on exhibition in photographic salons is the work of women.

This particular hobby is one of the most fascinating escapes from Mrs. Jones and her family troubles. To shut oneself up in a dark room and watch the miracle of a picture develop before one's eyes is really a thrill. Besides which, when the world and everything in it is viewed with the one idea of getting interesting pictures out of it, it is surprising what one sees! Then, too, the casual snapshot of a scenic spot will produce a pictorial effect suitable for exhibition if the right portion is picked out and enlarged—the enlarging process being the most intriguing phase of the whole art. One could go on indefinitely with the latent possibilities of this particular hobby, especially when the secrets of colour effects and filters, shadows and angles, worm's-eye and bird's-eye views are explored.

The value of china-painting is more self-evident because all women have a sneaky regard for nice china, and the pride of being able to exhibit china of one's own painting at any tea-party is quite justifiable.

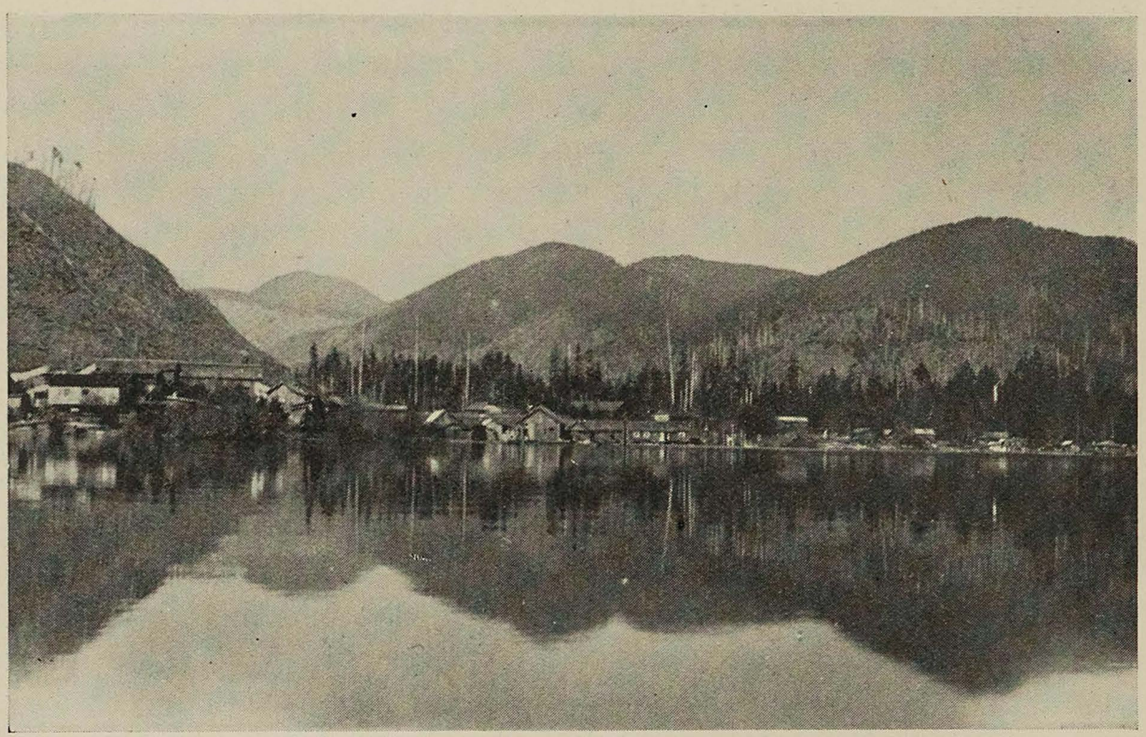
Drawing and etching too. No, it's no use saying, "I never could draw a straight line at school," because you really don't know *what* you can do until you try. I have proved that theory over and over again, even to drawing and painting!

And so I leave the subject for your consideration. By all means dig up something different to do in your spare time that will take you far enough away from nursing or social-service work and give you a new zest with which to attack your evening's activities.

BERTHA JENKINS,
Saanich Health Dept.

Tuesday comes around again and preparations are made to pay the weekly visit to the logging camp across the lake. Having filled my nursing-bag with all manner of things, I also arm myself, on clinic days, with those cumbersome baby-scales—frame, tray and all.

The first problem is to persuade the worthy boatman to be ready to start on time. Having located this elusive person, we repair to the launch, which is probably tied up at the store float. We then go aboard hoping that the engine will start and, what is more important, will keep going until we have covered the 7 miles up and across the lake.



Camp Six, Cowichan Lake. View 1.

We start our journey and, if the weather is calm, one can settle down to enjoy the scenery for about an hour. The lake, which lies east and west, is about 18 miles from Duncan, on Vancouver Island, and runs for about 22 miles. From the water's edge the mountains soar high above. Numerous bare patches, where other logging camps have been located, show up on all sides. Away in the distance, snow-capped mountain-tops are clearly visible against the sky.

Slowly we chug up the lake, passing the big lumber-mill on our right, until we pass between two tiny islands, and there in front lies Camp Six. The accompanying snapshots may give some idea of the setting. The general impression is of a collection of many weather-beaten frame buildings clustered about the narrow shore, with numerous float-houses oozing out over the lake.

Here in this restricted area live about ninety families, with about 200 men working in the woods several miles from camp. The houses, which are typically lumber-camp abodes, are dotted here, there, and

everywhere. The office, store, and cook-house, as well as numerous bunk-houses and homes, are built on floats which must be hauled in or out as the lake rises or recedes. Woe betide the dwellers if they neglect to push their homes out as the water falls, for they must then maintain their existence at a most uncomfortable angle. Furniture, dishes, and even the linoleum on the floor will slide. Such homes are delightful in summer, but when the winter winds come the sensations are not at all pleasant, for, even after getting back along the floating walk to dry land, one continues to feel that monotonous motion of a water-tossed boat.

Camp Six, Cowichan Lake. View 2.

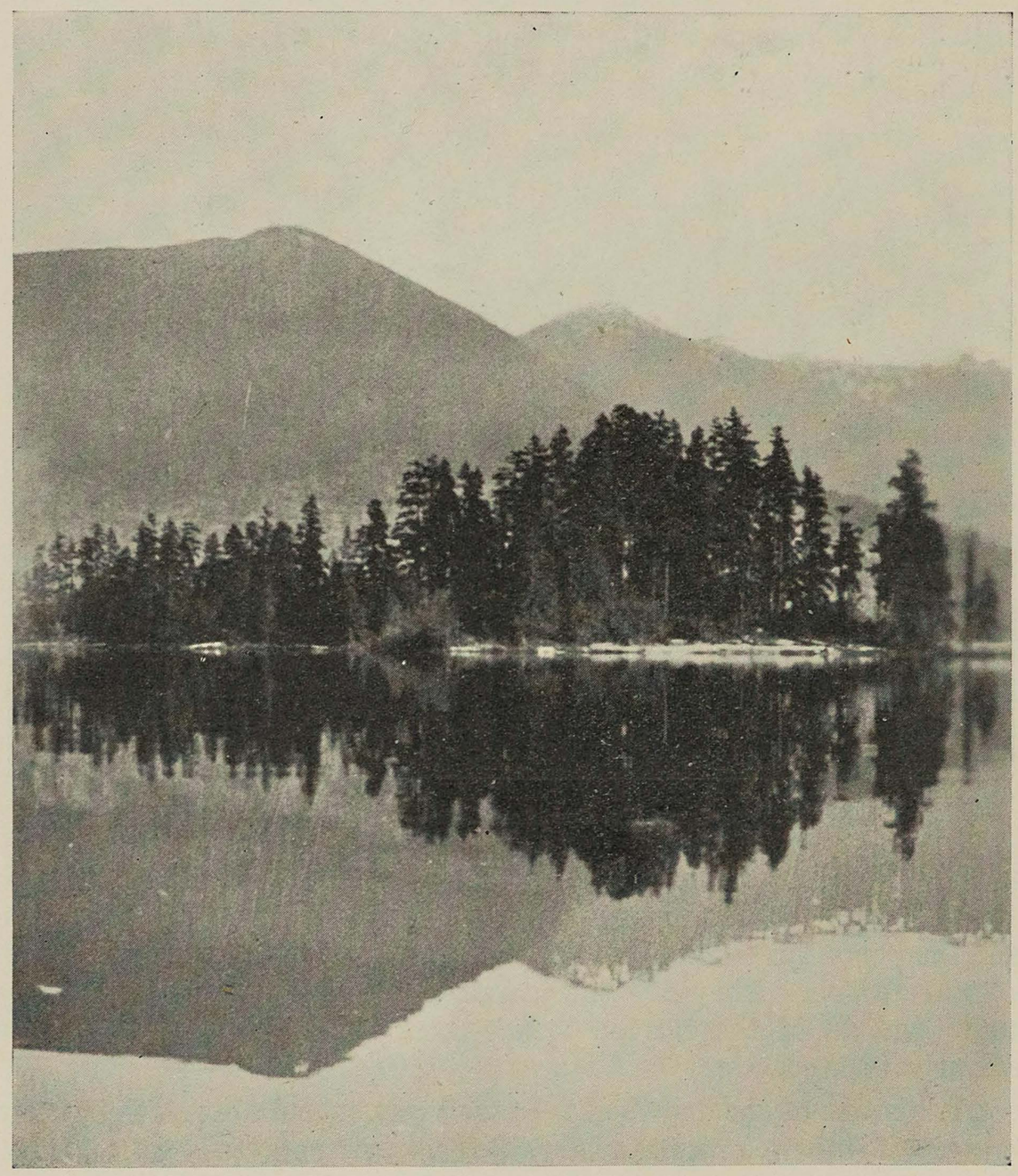
The first objective is the one-roomed school set in its "playground" between the many stumps. The thirty-five children are examined monthly or more often if necessary, and informal health talks are given. They are encouraged to show any ailments to the nurse, and all of these, even to the most infinitesimal scratch, are seriously treated.

The order of the day then is to visit any school absentees in their homes. If it is thought necessary, the cases are referred to the doctor, who pays a regular visit to the camp on Tuesday afternoon. After this it is usually time for lunch and this may be procured in the cook-house.

Every two weeks, from 1.30 to 3 p.m., a well-baby clinic is held in the home of the school-teacher. Here the babies are weighed and advice is given on general care and diet. On the alternate Tuesdays, or after the clinic is concluded, the afternoon is spent in making more home-visits. Such calls will include prenatal or postnatal work, infant or pre-school care, tuberculosis instruction, or,

in reality, anything or everything that can be done to further our programme of health education.

Sometimes there is the difficulty of language, for it is quite a cosmopolitan community, with Finns, Swedish, and Mid-European peoples predominating among our " new Canadians." This, however, is overcome by object-lessons or patient explanations, or, if these fail, an interpreter may be located.



Camp Six, Cowichan Lake. View 3.

All are very anxious to learn, particularly if the subject is the care of the new baby. This seems tangible to them, and such instruction forms a solid footing for a further entrance into the family for some other reason.

After a busy day of winding in and out by the very numerous footpaths and of walking " the ties," supper is enjoyed. The evening is spent in visiting about until the doctor is ready for the return journey—probably about 8 or 9 p.m.

With many a joke about the faulty boats, we climb aboard and are carried down the dark lake until we see around the point the welcome lights of the mill and the homes of Youbou.

HEATHER KILPATRICK, B.A., B.A.Sc., R.N.,
Youbou, B.C.

"PERSONALITY IN PUBLIC HEALTH."

What do we mean by the term "personality"? The dictionary defines the word as "personal existence or identity" or "distinctive personal character." We all know that neither of these definitions is adequate. "Personality" includes these and many more shades of meaning indefinable in even the best of dictionaries. It embodies our character and inherited mental make-up and is influenced by our every-day environment. The reaction of people we meet is their reaction to our personality.

How important, then, is the development of an attractive personality in our daily life, but how much more is it in public health. For public-health workers, be they doctors, nurses, or teachers, are virtually meeting the public constantly. The words "public health" embody this very thought; for it is the public to whom health is brought and taught every hour of the day or night, whenever the opportunity arises.

It is therefore absolutely essential that all contacts with the public should be pleasant and should be forerunners of further contacts. A pleasing personality creates a good impression. Such a one will be asked again and again for advice and will be sought out on many occasions.

A person who will make a good impression on the public does not mean a person who has a great flow of small talk. The ability to talk well is very useful, but it should be used with discrimination. A good talker is not uncommon, but a good listener is a much rarer person. Most people want to talk, but few want to listen. Perhaps if public-health workers would keep this as their motto they would achieve far more as regards their contacts in their work.

Character also comes with personality. A person may be charming to meet, but unless one feels that there is character behind that charm, one soon forgets or grows tired of that person. The public will have no confidence in a weak personality, no matter how charming. People want to feel the strength of will and purpose that should be found in a person to whom they will listen and obey.

Trustworthiness is the very backbone and foundation of personality. If a person is consistently reliable, mediocre work may be forgiven. Deception may seem the easier way out of a difficulty, but, applying an old tag, "You may deceive some of the people all of the time, and all of the people some of the time, but you cannot

deceive all of the people all of the time"; so why not save any trouble and be truthful always.

Were a personality to include all these—charm, character, trustworthiness—workers in public health would gain the confidence, friendship, and co-operation of their people far more easily and quickly than by any other means.

ANNIE S. LAW, B.A., B.A.Sc., R.N.

"MY FIRST FIRST AID IN THE PEACE RIVER DISTRICT."

Early September saw the establishment of our Health Unit here. I had only been at Pouce Coupe (I was staying there temporarily until I would be able to get to my own district over a river from which the bridges had been washed out) when I was asked to make a quick inspection for contagion over six schools within a radius of 25 miles. Aside from a general sense of direction, I had a very hazy idea of where these schools were, and at that time also I had very little idea of what muddy Peace River roads are really like. So I packed up my little kit and set out on what was booked for a two-day trip.

I shall spare you the details of the journey—that is not what I really set out to write about. Suffice it to say that I have found out after six months here that difficulties of travel and road conditions are the most popular topics of conversation. Everybody always has one better to tell, and I stored up a few treasures of anecdotes of that, my first trip of any length, that still make material for a brilliant participation in any bout of this nature.

On the second afternoon out, about 3 p.m., I arrived at and inspected the last school on my list. Duties over and school dismissed, the teacher and I sat chatting over her desk. She wanted to know all about the new Health Service, and I was especially interested to find out the best road—if any best road existed—back to town.

Glancing at her casually as we conversed, I suddenly saw a huge black spider enter her ear. Controlling an exclamation of horror, I asked her to sit still for a minute and let me have a look at her ear. I thought she might become frightened if I mentioned spider, so she sat there rather cool and astonished-looking while I peered into her ear. Only one wee bit of a black spider leg was visible! All the rest of Mr. Spider was already well out of sight within the ear.

"Now," I thought, "What shall I do; what can I do?—Why, my flashlight!" I am sure the inspiration came filtering through a few years of time from those first-aid classes back in U.B.C. How was it? Oh, yes. "If an insect is known to be in the auditory passage, flashing a light at the external ear will cause him to back out."

Quickly I ran out to the car, thanking my lucky stars for the brand-new flashlight with which it was equipped. I explained to the little teacher, who still seemed rather amazed at the proceedings, but who was a real brick, what it was all about and we settled ourselves as comfortably as possible for a session of flashing. Mr. Spider paid no attention whatever. The little teacher said she could not feel him there at all, and I began to wonder if his entrance into her ear had been an optical illusion of mine. All I could see was a tiny fraction of what resembled a spider's leg. Flash on, flash off; flash on, flash off. What else could one do? Should I fill the ear with olive-oil and chance it floating out? No; I was sure this light-flashing would work eventually.

We tried to carry on a conversation and found it hard to keep off the subject of spiders in ears! I wonder if she realized what might happen if the insect wouldn't come out. Suddenly I saw the leg wriggle, and Miss C. said: "Oh, I can feel him wriggle. Gee, he feels funny." I was glad to find her such a composed young lady. We had been carrying on proceedings already for fully forty minutes and it must have been a nervous strain for her.

Flashing continued for about twenty minutes more, with the leg continuing to wriggle provokingly. We were sure he was trying to wriggle back through the waxy entrance. Two legs appeared, and finally Mr. Spider himself, with a great rush, very subdued and waxy looking, and in an immense hurry to find other cover. I picked him off her outer ear in great glee. Nothing has ever given me greater satisfaction, and as a result of this little experience I am more than ever interested in first-aid measures.

I find many people have pet tricks all their own. Often valuable hints can be picked up. Even our Medical Director of the Unit has some seemingly rather odd theories *re* first aid. Just the other day he told me of a way to control severe nose-bleed when all other measures fail, with the use of a small piece of salt pork in the bleeding nostril. Now, who is going to try that one out?

RITA MAHON, R.N.,
Peace River Health Unit, Dawson Creek, B.C.

DENTAL WORK IN VERNON SCHOOLS.

One of the greatest achievements in public-health work in this district has been the improved mouth conditions of our school-children. We have here as fine a condition of good mouth hygiene and corrected dental defects, I am sure, as you will find in any school in the Province.

It has taken several years to achieve this; but if this standard can be maintained in the years to follow, I shall be satisfied with this phase of our public-health work here.

Our dental programme is a simple and, I think, a sound one, and if administered properly, one that can be carried on for an indefinite number of years. This is how we started it.

The School Nurse in her reinspection of school-children found an appalling lack of interest among some of those parents who could afford to pay for their children's dental work, and also revealed that there were many dental defects among the children of indigents who would never be able to have this work done, or probably not until it was too late to do much good. This condition was persistently brought to the attention of the parents of those children who, we felt, could pay for this work, but something had to be done for the teeth of the indigent child. This was before the days of Government relief.

I have always objected to raising money for this sort of work from proceeds of Tag Days, concerts, etc., as the publicity given to it in such cases would probably have swamped us with requests for assistance from many undeserving cases.

We wanted to start a dental fund, not anything spectacular, but rather in a small way, and gradually build it into something permanent, so we appealed to our faithful friend, the Vernon Women's Institute. Just at this time some Red Cross nursing classes were being held in the Province under the auspices of the Women's Institute. Part of the proceeds from these classes were to go to the Canadian Red Cross Society and the remainder to the Women's Institute. When the classes were finished and the proceeds distributed to the two societies, the Women's Institute here added to their share of the proceeds to make up the sum of $25 and sent it to me for our dental work. It was not a large sum, but it formed the nucleus of our dental fund. Some of our benefit societies and service clubs were interested and they too sent donations when appealed to for funds. This system continued for a couple of years. Then our School Board, recognizing the value of the work that was being done, included a sum of money for dental work in their estimates each year. It was not necessary to appeal for any more funds as the School Board still carry on this work as part of their yearly expenses. For the past few years this money from the School Board, together with the Provincial grant for dental work, constitutes our permanent dental fund.

So much for the financial side; now for the children. This service takes care of needy cases and assists with others when we think it necessary, and applies only to pupils in the elementary grades. We started with the receiving classes and the entrance classes, the beginning and end of our elementary grades here, and gradually continued our work toward the intermediate grades, until now we are able to include all the elementary grades during the year.

We pay particular attention to permanent teeth and mouth hygiene, and we try to do as much as we can each year with a certain sum of money, always keeping some in reserve for emergencies.

That is, we bulk the money and estimate the amount of work to be done each year, usually about seventy-five or eighty children.

This work is divided among our four dentists, and it is done impartially, regardless of age, nationality, or length of residence in the district. The only stipulation is that we must be sure that they are really needy cases and would not be able to have the work done in any other way.

This part of the work I take care of, and I find it difficult many times to decide just where to draw the line. I also make the first appointments.

The work is done as quietly and tactfully as possible. There is no public clinic; in fact, we do not call it a clinic at all. Too much publicity would ruin the spirit of our work, and might also lead to some unpleasant controversies as to whether cases are needy or otherwise.

But I wish to mention our local dentists, without whose hearty co-operation this work would have been impossible. They are doing a wonderful work—underpaid it is true; but nevertheless doing it well, and in this way making a wonderful contribution to the future health of a great number of our young Canadians. I am deeply grateful for their loyalty and support and thank them most sincerely for the many hours of free dental work that they have given to our school children.

ELIZABETH E. MARTIN, R.N.

"TUBERCULIN TESTS IN A CITY SCHOOL."

We have just completed tuberculin tests of 1,700 children and young adults in the City of Kelowna and the rural district. This was carried on by Dr. A. S. Lamb and Dr. G. F. Kincade, Travelling Medical Health Officers, assisted by Miss J. Peters, R.N., and Miss E. Pease, R.N. Since this is the first district in the Interior to be surveyed in this way, I felt that it might be of interest to other Public Health Nurses, who might be called on to organize a clinic, to have a brief outline of our trials and triumphs here.

In the first place, publicity is of prime importance. We sent detailed notices home to the parents about six weeks before the tests were scheduled. We had an explanation of the test in local papers and mimeographed notices of the same were sent to each home with separate consent-slips. If at all possible, I would suggest that you have a letter written by the doctor carrying on the test, pointing out again the difference between tuberculosis infection and tuberculosis disease, these to be given to all children whose reactions were positive.

Dr. Ootmar and Mrs. Grindon arranged the schedule for the tests in the city schools as well as those in the district. I have no doubt that this was probably the hardest work in connection with our preparation for the clinic. To have the schedule so arranged that the doctors were not at three places at once or completely out of work was quite an accomplishment. Each child must be inspected forty-eight hours after the first dose; all the children who were negative at this inspection receive a second dose of tuberculin, and they are again inspected forty-eight hours after the second dose. That means that the doctors must visit the school three times at two-day intervals, and if you have ten or twelve schools to be included

Tuberculin-testing at East Kelowna School.

you will realize the complexity of the schedule. Seventeen hundred children and young adults were tested and positive reactors were X-rayed and had chest examinations in three weeks' time.

If your district is to be the next " victim," try to allow yourself six weeks for preparation and publicity. Sorting and listing the names from consent-slips took three times as much time as the actual testing. As to the test itself, the two doctors and two nurses were such adepts that it took all my time to keep enough children in line to keep the doctors busy. Fortunately, this and keeping the records is all that is expected of you. To give you an idea of the speed with which the doctors and nurses worked, they gave the first test to 394 children in two and one-half hours. It might save you a good deal of time and energy if you have one list according to age groups as well as one according to grades, as I did. A duplicate copy would not be amiss, one for yourself and one for the doctor to keep; otherwise the doctor will borrow yours.

The following statistical report is complete for the actual testing, but to date I have not the reports on chest examination or X-ray.

Eighty per cent. of school-children in rural and city schools were tested.

Over 25.	Age.	0–6.	6.	7.	8.	9.	10.	11.	12.	13.
10	Total	24	24	65	51	77	57	66	57	72
5	Pos. 1	1	----	1	2	1	4	3	3	8
2	Pos. 2	----	2	2	4	3	3	1	7	5
7	Tot. Pos.	1	2	3	6	4	7	4	10	13
70%	% Pos.	4.1	8.2	4.6	11.7	5.1	12.2	6	17.7	18

Over 25.	Age.	14.	15.	16.	17.	18.	19.	20.	Total.
10	Total	79	51	34	28	13	14	2	724
5	Pos. 1	6	8	2	2	2	4	----	52
2	Pos. 2	3	4	3	3	4	2	----	48
7	Tot. Pos.	9	12	5	5	6	6	----	100
70%	% Pos.	11.2	23.5	11.7	17.9	46.1	43	----	13.8

(1.) Total children tested of that age.
(2.) Positive 1: Positive after one dose.
(3.) Positive 2: Positive after two doses.

MARION MILES.

THE CHILD-GUIDANCE CLINIC.

The first "child-guidance clinic" in Nanaimo was held in November, 1935. Suitable clinic-rooms were obtained from the United Church and consist of three separate medium-sized rooms which are upstairs in the Sunday-school hall. These rooms are quiet, well heated and lighted, and are ideal for such a clinic. It is necessary to have the three separate rooms because one room is used for the physical examinations, one for the psychometric tests, and the other room for Dr. Crease's consultations with the patient, parents, or relatives, as the case may be.

The first task in connection with the clinic is to decide upon the patients, who may be referred to the clinic by the supervisor of the schools, Mr. Towell, or by the teachers, doctors, Public Health Nurses, or by the welfare-worker, Miss McCrae. The patient may be a young boy who does not mix well with the other children and who probably has some nervous habits, such as biting his nails, sucking his fingers, or stuttering; or perhaps another child has been stealing for no visible reason at all; or the child may be a sexual pervert. These are a few examples of the cases which are referred to the clinic.

After the patients have been decided upon for the clinic, either Miss McCrae or the Public Health Nurse takes a social history of the case. The social history is made up of the family's understanding of the clinic; the personal history, including the development, health, habits, school-work, and personality of the patient; the family history, and an account of the home and home conditions. An explanation of the clinic is given to the patient and the parents are

asked to accompany the patient to the clinic. Besides this history, Mr. Towell has prepared a " personality rating test " to be used for these children. It is filled in by the child's teachers and attached to his social history. The personality rating test is made up in three main headings: First, attitude towards school-work; second, dispositional traits; third, social traits.

The clinic is held the first Wednesday of every month. Shortly before 9 o'clock on the specified day Dr. Crease, Psychiatrist; Miss Kilburn, Social Worker; and the nurse arrive and the clinic starts. The appointments have been made as follows; Two patients for 9 o'clock, one for 10.30, and the remainder for 2 o'clock. Six patients make a very full day. Dr. Crease and Miss Kilburn read the social histories and meanwhile the nurse arranges the necessary equipment for the rooms and sets up physical-examination room.

In the physical-examination room there is a large oak table, of which Dr. Crease is very proud. This table is most compact and was made in the Occupational Therapy Department of the Mental Hospital. It is used as an examining-table and in it there is sufficient room to store the writing material, pillows, sheets, instruments, etc. The nurse assists Dr. Crease when he examines the patient's eyes, ears, nose, throat, heart, lungs, takes the blood-pressure, performs the Babinski test; any laboratory tests or X-rays are done at the hospital later. The weights and measurements are recorded. During the physical examination Dr. Crease keenly observes the case for any abnormalities (such as speech difficulties) and nervous habits. He talks with the patient and makes him feel at ease, thus gaining his confidence. This examination takes approximately one-half hour. In a fairly large percentage of cases Dr. Crease finds abnormal physical conditions which may account for the patient's behaviour and problems. A case of hæmoplegia was found at one clinic which had existed for many years and explained the child's behaviour and the great difficulty under which he had been labouring.

While the physical examination is being done Miss Kilburn is studying the history and is now ready for the patient, who is taken into the room where the psychometric or intelligence tests are given. During the administration of these tests Miss Kilburn observes the patient's behaviour and how he attacks problems.

While Miss Kilburn is giving the psychometric tests Dr. Crease interviews the patient's parents separately and together. At the completion of the psychometric tests, which take approximately one-half hour, Dr. Crease then interviews the patient.

Later Dr. Crease and Miss Kilburn review the history, the results of the medical examination and the psychometric tests. The problems which are found are discussed and a plan is formulated for the patient's future regarding medical treatment, school, social life, and living conditions. The parents are again consulted and the patient's condition is explained to them, also the type of treatment he should receive. The parents and patients are most co-operative and these

heart-to-heart talks with Dr. Crease do a great deal. They co-operate with him to the best of their ability, and in many cases where the child is being over-protected these talks with the parents have done much for the child.

The clinic day comes to an end at 4.30 or 5 o'clock. Dr. Crease and his associates and the Public Health Nurses gather around the table and the findings are explained, the case discussed, and the treatment to be followed is outlined. The Public Health Nurses report on the progress of the former patients.

Last but not least, the valuable co-operation of Miss McCrae, Mr. Towell, the teachers, parents, and doctors make it possible to have a clinic such as this, and we are hoping that by starting with the children in the preventive work in mental hygiene we will have a stronger race, both mentally and physically.

MAXINE MORRIS,
Nanaimo, B.C.

"EMANCIPATION OF CHILDREN'S PLAY-CLOTHES."

Sweet-pea Festival, July 1st, 1936. To all residents of Duncan and the Cowichan District this means a showing of the finest sweet-pea blooms one can grow. In connection with this display a parade is held and what adult or child does not thrill to a parade.

The Health Centre received an invitation to enter a float again this year. This request brought forth the question of: What can we put on that will emphasize a health project as well as being colourful? Finally it was decided to call the float, "Emancipation of children's play-clothes in the past 100 years."

Having decided on the name of the float, it remained to collect the necessary material with which to work.

First of all, we needed to have a truck promised, so the owner of a local garage was approached and he was only too pleased to offer the use of a suitable car.

The next problem was: Could accurate information be obtained regarding children's dress of a hundred years ago? A letter was written to the Provincial Library telling of our project. In a few days we received a volume illustrating children's costumes since 1775.

The necessary information being obtained, it remained to find children who would be suitable. The teacher of the junior school came to our assistance by selecting seven of her pupils, the children being overjoyed to participate. In fact, it required great tact and diplomacy on the part of the teacher to decide who should enter.

A follow-up visit was then paid to the home to see if the parents were willing for the children to appear on the float, and it was a pleasure to discover that they were as keen as the little ones and all offered to make the costumes; even the fathers offered to assist with decorating the truck.

The children will be dressed in the following costumes: Bathing-suit of 1835 made of heavy striped cotton, high at the neck and well below the knees, will be worn by one of the children who will be standing beside Master 1936. This young man will feature a pair of swim-trunks and a good coat of tan. A second couple will be boys in play-suits. The boy of 100 years ago will wear long tight trousers, a frilly shirtwaist, bright jacket, and a bowler hat, showing a marked contrast to the play-suits of to-day. 1936 will be wearing shorts, a polo shirt, and sandals. A third group of three girls will feature, individually, one 1936 in a gingham sun-suit standing between the other two, who will be attired in the mode of 1835. This will consist of a high frilly-necked long-sleeved dress and long pantalettes topped by a large hat tied with ribbons.

With this little band of children we hope to convey to the public how healthy and unrestricted the children's dress of to-day is as compared with that of 1835.

ISABEL MCMILLAN, R.N.

FERNIE'S PROGRESS.

If change makes for progress, then in the last year we have surely progressed. We now work under a Commissionership, which eliminates School Boards, City Council, and all the rest of the usual city machinery. We also have a new School Inspector, a new principal, several new staff members, and a new Medical Health Officer; so there has been considerable readjusting to do.

Fernie, as the world knows, is no longer a thriving mining centre, but we are still a centre of population, with all the usual problems to face. On the whole, we did fairly well in regard to health until influenza hit us this spring at the end of a month of sub-zero weather, which had sapped our vitality. The month of March ended with 10° below zero, but, in spite of depression, weather, and " King Flu," our children are in good form, with fewer underweights than in the years of plenty. Skin-diseases are very rare and, beyond a few cases of mumps and measles, we have enjoyed splendid health.

I still have a vision of giving health service to all the small schools in the East Kootenay District, and it has been a joy to realize that Mr. Brown, our Public Schools Inspector, shares that vision.

When the September term commences we shall have installed Junior Red Cross in our class-rooms, and I am looking forward to helping the teachers get things in running-order. We shall also have re-established our Home Economics and Manual Training Departments by that time, so I really think we may proudly say that we have progressed in spite of obstacles, even, perhaps, because of them.

WINIFRED E. SEYMOUR, R.N.,
Provincial Public Health Nurse, Fernie, B.C.

Well, you certainly have a queer method of quarantining people. I don't see how you *expect* to keep it from spreading. . . .

What! Peggy can go to school while Elenor has it? Well, that wasn't the way we used to treat it when I was in training (about twenty years ago). We considered it just as contagious as anything else. You don't think a basin of lysol is necessary? Well, when I was nursing we used it—and we never had any cross-infection. . . .

Well, I can tell you right now I don't see what earthly use the Health Department is—the way children are allowed to run around the streets spreading infection. What children? Well, I'm not saying. *I* don't want to make trouble. Why didn't I phone you when I saw them? Well, I'm not mean enough to tattle on my neighbours. You can't do anything about it now? Well, something *ought* to be done. I keep *my* children in—you know *that*. . . .

Yes, certainly. Anything you say, Nurse. Now Billy, mind what the nurse has said. You're to stay in for a week—even if you don't feel sick. No playing with the other boys. You see how carefully she washes her hands before leaving? That's why *she* never gets these things. . . .

And I said—well, there is something wrong somewhere when these people are allowed out so soon after. There they were—peeling all over—shedding large patches of skin every time they walked across the room. Did they have a doctor? Why, no; they weren't sick enough. How did they know it was rubella? Well, my friend was a nurse once. Who were they? Well, now, I don't know that my friend would want the name given. The Health Officer would be interested to see them? Well, no doubt; but I don't care to cause my friend any trouble. . . .

I just called up to ask if I can let her out of the darkened room now. I can? But are you sure it's safe? Well, I want to be careful. And you said her sister could go to school. Well, I'm keeping her right in except when she's there—just to be on the safe side. We didn't let them out at *all* back on the Prairies. . . .

Why *should* my son stay home? He's perfectly healthy even if he was playing with Frank yesterday. I'm sure he won't get it. Well, it's a pity that we can't even send our children to school when they're perfectly healthy. What do we pay our taxes for, anyway? . . .

She said I had no business letting them out to play. And I said the nurse told me I could. They don't have to stay in for twelve days. That shut her up pretty quickly. . . .

And she said she had never heard of anything so ridiculous. Keeping that child home. Why don't they keep the whole class home? She lives right next door and was playing with her that afternoon? Well, I'd hate to have my neighbours come down with anything. I suppose you'd quarantine us, then! . . .

Hello, is that the Health Department? Well, I just wanted to let you know that my neighbour's child is down at the beach—and her sister has rubella. What! She is allowed out until next week? Well, *I* never heard of such a thing. . . .

Well, I didn't phone you because we've had enough of the Health Department. They wouldn't let us sell any milk when the doctor thought Jackie had scarlet fever. Our milk is our bread and butter and it's too bad we can't be let alone. No, Vincent has never had it. What! He'll have to stay home? But he isn't getting along very well at school. It will just put him back some more if he has to miss a week. He never takes things, anyway. Well, it certainly seems a shame. I don't believe Jackie had it, anyway. . . .

Well, you were right, Nurse. She came down with it on the exact day you said she might. It certainly is wonderful the way they do things nowadays. . . .

And he said that if he wanted to make an issue of it they *couldn't* keep his child away from school. The Health Officer was crazy, anyway. He told him so to his face. . . .

What! No placard? And the rest of us can go out until next week? Isn't that fine now! . . .

And he has had to miss nearly two weeks of school—all for nothing. I told you he wouldn't get it. I build him up and keep him strong and healthy. He *never* gets these diseases the other children get. . . .

Well, thank you very much, Nurse, I'm sure. It's nice to know that you are always there to look after the children. . . .

Dear Teacher,—I am sorry Alfred had to stay home yesterday; he had a bad headache and felt dizzy. I am sending him this morning as he seems all right and he eats well, but I suppose if there are any germs floating around he would be in a condition to catch them. I think a great mistake is made in letting the children go back to school so soon after they have had these infectious diseases, and also letting other children in the family go to school while it is in the house. . . .

M. R. Smith,
Saanich.

THE CHILLIWACK ROTARY DENTAL CLINIC.

During the school-year of 1935–36 three new and important links were forged in the chain of Chilliwack's health and welfare programme.

First, in November the Provincial Child-guidance Clinic was organized; later a permanent social-service worker was engaged, with headquarters in the City of Chilliwack, but who works in the surrounding area as well. Last, but not least, the formation and development of the Chilliwack Rotary Dental Clinic, with a construc-

tive educational and remedial programme which we hope will in time be purely preventive and educational.

In the fall of 1935 the Chilliwack Rotarians, having decided upon a dental clinic as their service-work, organized this clinic. And a service it is in the true sense of the word, involving much effort and work, a great deal of planning, and needing a fine spirit of co-operation in spite of handicaps.

Previously the number of dental defects were appalling and remedial measures inadequate. True, some of the parents took care of these problems regularly, but the majority could not and did not take any action. It was very discouraging, month after month, to inspect these children and find, instead of improvements, a few more defects each time.

A dental survey was made in both the city and municipality. Out of 1,536 children examined, 1,368 or 89 per cent. were found to have dental defects. The whole cost of the work needed was estimated at $7,480.25 on a reduced basis of from one-quarter to one-half of the normal cost.

Due to the extent of the work required and with the object of giving dental care to as many pupils as possible, it was decided that the clinic would function for all public school-children at a reduced cost, and that those who could pay should do so, while an instalment scale should be worked out for those who could not pay in full; those who could not pay after due investigation to be taken care of by the clinic. These are of course numerous.

The Women's Institutes were asked to co-operate with the dental clinic and form committees for the purposes of investigating cases where there was any doubt about financial conditions and abili' to pay.

The people who can pay in full or in part have the right to their own dentist, while for free cases the committee feels distribute the work equally amongst all the dentists.

After the survey was made "consent-slips" were s the parents, stating the work needed and the estimated children took these slips home and were requested to brin signed by parent or guardian, with the necessary mon any explanations the parents wished to make. Thes returned were handed to a certain member of the mittee, who with another member went over them a findings at the next meeting of the Executive, where or arrangements made for investigating, etc.

Tuesday and Thursday mornings are set a for clinic wo k.

Transportation for municipal s problem, which will require so reopen in the fall.

The clinic has been opera its record is a splendid o

cost of approximately $700. Largely due to the influence and activities of the clinic, however, we know that about 100 other pupils have had their teeth attended to privately, which also fulfils our aim—care of dental defects in our school population.

When the clinic was opened the sum of money which the Executive Committee had on hand was about $23. Splendid co-operation was received from Dr. Young, whose financial assistance of $350, as well as paying of the cost of the original survey done in November, formed the foundation upon which our Chilliwack Rotary Dental Clinic is built.

The activities of the clinic will be carried on until about the middle of June, and what money remains after running expenses have been paid will be donated to other good work.

The Executive Committee have several plans for an educational programme, beginning with the fall term. Posters, literature, and X-ray films of defective teeth and gums, etc., are to be shown in the Health and Baby Clinic rooms during the days of the annual fair. Later on, radio talks and lectures will be given by the various dentists to Women's Institutes and Parent-Teacher Associations. While, of course, continuous education will be carried on in the homes by the nurses.

Our success depends on the educated individual and it is only through his or her co-operation and understanding of the work can the permanency of the Chilliwack Rotary Dental Clinic be assured.

CLAIRE TAIT, P.H.N.

"AN OPEN LETTER."

ROYAL OAK P.O.,
SAANICH, B.C., May, 1936.

VERA,—You have often asked how I spend my days, so here

The phone rings and I answer: "Hello. Yes, this is one speaking. You would like me to call at Mrs. Mortimer's, , give general care and report her condition to you later Doctor."

rings frequently in the morning; often just as we are with a cod-liver-oil can in one hand and a bag in ook tucked under one arm.)

cum School in time to see several teachers before rs. Miss Rockwell, the Primary Grade teacher, ething. A new pupil has arrived and se well-ordered class-room. He rawn to it the more pronounced very good; reading and oral decide that his mother might

consent to an examination by a psychiatrist at the child-guidance clinic. This will mean a visit within a day or two to make arrangements.

In Grade IV. the teacher reports the absence of a child who misses about a week every month with a cold or upset stomach. I have visited the mother time and again, making inquiries and offering suggestions. So far I cannot see that I've accomplished one thing.

The principal hands me a note from a parent which reads: " Nora needs a new scribbler and art pencil. Would the school please provide them? " I know the circumstances of the family well enough to know that 15 cents in school supplies means a bottle of milk less at home. Nora will receive a book and pencil.

For the next half-hour children come to my office to have cuts dressed; while others come for readmission certificates after being away from school. In the meantime a list is made of the absentees in each room, and fortunately it isn't such a formidable one to-day.

I make a call on Mrs. Mortimer, who lives only a few blocks away from the school, and spend an hour carrying out the doctor's orders. The first visit is always the longest, because one never knows where to find towels, soap, basin, or clean linen!

My next call is to a little girl named Patsy Jefferson, because a neighbour has reported that the child has brown, ring-like sores over her neck. Fortunately, Patsy is playing in the front of her home with Jimmy, whom I know. While I am talking to them, Mrs. Jefferson comes out and tells me all about her little girl while I try to sandwich in. I hope when I go back in two days that there will be an improvement.

About 10.30 I telephone to the office to see if there are any calls. Sure enough; Mrs. Lehane would like to see a nurse. There is no address; I am to get that from the postmaster; and no reason given for the visit. The postmaster knows three families by that name; one wouldn't have anything to do with the Health Department, that eliminates them for the time being; another is an elderly couple, half a mile north; the other is a family with four children. The latter is the right one. I cannot do anything when I arrive. A patient with a high temperature and abdominal pain needs a doctor. A message comes later saying Dr. Jones has sent Reynold to hospital.

On the way home for dinner I drop in to see Mrs. Holiday. The dear old lady was held up two nights ago, gagged and bound to a chair. She has some bad bruises and cuts that we attend to. It cheers her up to have company.

Referring to the absentee list again, I enjoy ticking the names off as I make the rounds. First this afternoon is a boy who had been away for three days with a cold. He is better, but is inspected and given a certificate to return to school. There are several other calls made for a similar reason.

I am in difficulty, though, when one boy with chicken-pox says he has been playing with others the day before. These other bo

mothers cannot see why their children should be allowed to go to school for a while, then be kept at home for a given period. I am in disfavour up and down the street.

Then there is Myrtle Ross, a stenographer, who has rubella. I nearly always ask these people where they think they might have been exposed to infection. It's very interesting to hear some of the tales. Myrtle thought she had contracted the infection from a girl with whom she works. I was a bit doubtful. During our conversation she tells me about a party she had attended. Three of the boys had rubella the next day. One was her friend. She hadn't seen him for six months, so I don't expect she would stay ten feet away from him. It was eighteen days after this party that Myrtle had a rash.

About 3.30 every Tuesday and Friday I give Mrs. Saunders a hypo. She always offers me a cup of tea. It's one of the things I look forward to these days.

Mrs. Pearson is my last visit. She is a prenatal and expects to be confined at home. Just as likely as not she will have her baby to-night. Am I glad I'm not on duty? It won't be my night that is going to be disturbed.

I am certainly tired so will end my letter right here.

Yours,
DOROTHY TATE.

HEALTH PURSUITS IN REVELSTOKE.

Once again time to write an article for the NURSES' BULLETIN. We say, " Time flies—alas; ah, no, time stays, 'tis us who go."

Last year, being a newcomer to the Public Health staff, my article was " First Impressions in Revelstoke "; now, after fourteen months in the work, my thoughts turn to a review of the past year.

A retrospective view, although somewhat disappointing, in that we have not seen the realization of all our dreams, is, nevertheless, necessary in our work and proves a stimulus to strive for greater results.

Our thoughts turn back to our ambitious hopes, fresh enthusiasm, high ideals, our altruism, and we ask ourselves, " What have we accomplished? Have I given my best? Has my work been worthy of the trust that has been placed in me by our beloved Chief, Dr. H. E. Young? "

The following will be something of what we have tried to do in this little town on the threshold of our great Canadian Rockies:—

Pre-school Clinic.—This was started for the first time in Revelstoke last June. We sent a written invitation to mothers with children starting school in the fall. We explained the nature of the clinic, which was to be held two afternoons in the week. The response was

marvellous, and we had a 100-per-cent. attendance. The clinic was held in a class-room in one of our public schools. The children were weighed and measured, examined for defects, and a friendly contact made with the child before he or she started to school. I gave a talk to the mothers, " Is your child ready for school," and later distributed a few hundred copies of health literature. The few defects we found were in each case corrected before the child came to school in September.

School-work.—My work is mostly in the schools. We have a total enrolment of 650 in the public and high schools. During the past year there has been a very marked improvement in the health of our children and we are proud of our record. Last year our percentage of underweights in the public schools was 39 per cent., as compared to 5 per cent. at the present, a decrease of 87 per cent. In the high school it was 18.5 per cent., as compared to 7 per cent. this year. I believe this is about the lowest percentage for underweights in the schools of British Columbia.

There may be several reasons for this marked decrease, but I believe the drinking of milk in the schools and cocoa at lunch-time (in the winter months) has to some considerable degree helped. Another reason may be that over 50 per cent. of our children take cod-liver oil during the winter months. There has also been a very fine co-operation from the parents in having physical defects corrected, because undoubtedly these defects were handicapping the health and progress of the child.

Correction of Defects.—This has been my " pet hobby " for the past year and the results have been well worth while. In the three schools there has been a 67-per-cent. decrease in dental defects alone. At the present time the dental defects in the public schools is 17 per cent. and in the high school 13.5 per cent. The greatest gain, however, has been in the numbers of corrected eye-defects. Seventy children have received glasses or change of old lens in the past year. We have only two cases in our schools up to date with uncorrected eye-defects, and both these will be seen by the eye specialist this summer. Thirty-eight children had their tonsils removed, with several lined up for this summer.

Perhaps we are more fortunate here than many communities, in that few of our families are on city or Provincial relief. We are a railroad town and medical care is provided for the C.P.R. families. However, we had about seventy-five children with physical defects whose parents were unable to pay for treatment. It was to assist these cases that we organized the Medical and Dental Fund.

Medical and Dental Fund.—A committee was formed of five public-spirited and health-minded citizens. Meetings were held, articles published in the paper, and letters sent out to every organization in town soliciting their interest and co-operation. I was asked to give talks explaining this project to some of the organizations. Donations came in and very soon we had $125 in the treasury.

Thus our Medical and Dental Fund was launched. A month later we raffled a cedar chest made by a boy in the relief camp and this brought us in another $125. The children sold the tickets and we gave prizes to the two boys and two girls selling the most tickets. How they worked! The whole town and even the surrounding territory was canvassed and 625 tickets were sold. . With $250 in the treasury we were able to send sixty children for dental work and purchased glasses for three children suffering from defective vision. We plan to hold a Tag Day early in June to raise money for this fund.

Vaccination Drive.—In checking over the number of pupils vaccinated in our schools early in April, I was surprised to find only about 10 per cent. vaccinated in the public schools and 41 per cent. in the high school. This seemed to me to be a serious state of affairs, so I decided to talk " vaccination."

First a talk on vaccination and smallpox was given in each grade and the seriousness of smallpox was impressed upon the children. Then a letter was drawn up, mimeographed, and about 500 were sent into the homes. An article was also published in the weekly paper and some follow-up work done by home-visiting. The response was marvellous and in the Easter holidays 385 children were vaccinated, and this total does not include the pre-school children who were done. Now our percentage of vaccinated children is 92 per cent. in one school and 85 per cent. in the other, with several promising to be done in the summer holidays. This is, I think, a practical demonstration of what can be accomplished as a result of a little educational work.

We hope now to start on a " toxoid-campaign " and it will be extremely gratifying if this goes over as well.

And so we have taken stock and feel our balance-sheet does show some favourable gains. Ours is not a material gain and we know that the human asset exceeds in value by five times the amount of the value of material assets in our country.

The most valuable form of wealth is not money but human life. Its conservation should be our greatest objective and our first concern. It has been said that the " wealth of the nation lies in the health of the children," and as Public Health Nurses it is our privilege to be " crusaders " in this great public-health movement.

AGNES THOM, R.N.
Revelstoke, B.C.

KEREMEOS AND DISTRICT.

Having spent the greater part of my nursing-life in institutions and three years in army routine, I find that I cannot work to accomplish anything without a definite plan. I therefore have a definite schedule which I follow all week, leaving margins each day for emergencies. In the course of my work I attend all minor cases

for those on relief, but send all others to a physician. Briefly, the schedule is this:—

Monday.—Keremeos School and all things that come up in connection therewith.

Tuesday.—Pre-school and prenatal work.

Wednesday.—Cawston School in the morning and Hedley Indian School in the afternoon.

Thursday.—Odd jobs and Chopaka Indian Reserve every other week.

Friday.—Keremeos School and doctor's consultations at my house.

Saturday.—School-visits in the morning; off in the afternoon, except for emergencies.

The district is scattered, but I carry on the usual educational programme as opportunity and time permits.

(Mrs.) B. Thomson.

"PROGRESS."

Progress may suggest that we are travelling somewhere on a highway or advancing towards better conditions. Are we, in public-health work, just going on through space towards our objectives or are we keeping carefully to the highway leading to the goal? Sometimes I feel that I am in space or on a detour of difficulties, but have never felt that I have altogether stalled on the way. There have been upgrades too, but even then progress has been maintained, though extra effort has been needed to get over the top.

Our ideal in public-health work, that of producing a health-conscious community of people all working towards the prevention of disease, may be said to be our goal, and what are we as nurses doing to bring about this happy condition? We are just one link in the chain, but are we doing our best to keep that link as strong as the rest?

Progress in some cases is measured by advancement in miles covered in a given time. Schools have a progress record for each student as success in examinations is achieved, but attainments in public-health work can hardly be measured in either of these ways. If the incidence of infectious diseases may be used as a measurement, we in Penticton may have reason to consider we have advanced, for the attendance at school has been continuously good throughout the year. I think that the school attendance may be taken as a good index to the incidence of disease in the community. I find, too, that parents are becoming more and more co-operative in isolating infectious cases and feel that the success in controlling communicable diseases is largely due to this co-operation. People are becoming more health-conscious not only in the home, but towards the whole com-

munity. Thus our health-teaching in the school and home may be showing results.

Through the co-operation of each of the doctors, several clinics were held for immunization against diphtheria. Some 325 children received the treatment and it is gratifying to know that many of the large families have received this protection.

Neighbouring communities have been asking about having the services of a nurse and we are hoping to be able to extend the service to them in the not-too-distant future. I feel our demonstration here has been satisfactory and the effort is being appreciated when people wish the service extended.

Yes, we have progressed. How much?

M. A. TWIDDY, R.N.,
Public Health Nurse, Penticton, B.C.

"MIGHTY OAKS FROM LITTLE ACORNS GROW."

Partly from a misunderstanding, the idea for a Civic Health Week was created; and partly through a printer's error, Health Week became an "annual" event.

Such is Fate; and surely a kindly Fate sat as chairman of the Nanaimo Civic Health Week Committee, for from the time that the idea was created in the first week of September until its successful culmination on the eighth of November, plans and programmes seemed to form themselves and to progress magically to fulfilment. It must have been Fate that made it possible to hold the first Child-guidance clinic in Nanaimo during Health Week; it must have been Fate that arranged for the Provincial Chest Clinic to be held that week; Fate again must have been responsible for the arrangements which brought Dr. Harry Cassidy to Nanaimo then. However, the fact that Fate had a very active and enthusiastic committee, and that the public are always keenly interested in anything pertaining to health, were in no small measure responsible for the success of Nanaimo's First Annual Health Week.

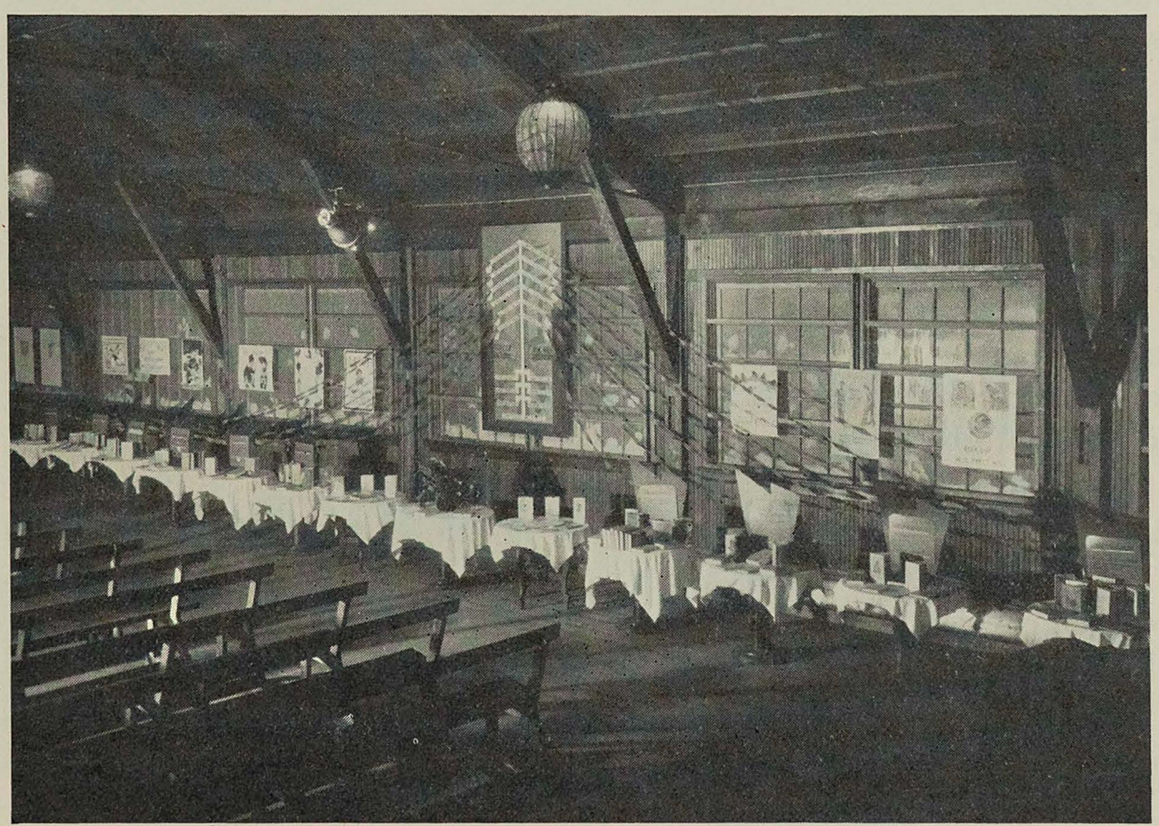
One week before the Health Week the city was peppered with little yellow stickers, which demanded of the people in general, "Are you A 1?" and announcing that November 1st to November 8th was to be a Civic Health Week. (This idea was very good indeed, but unfortunately the glue was on the wrong side and by the following morning the rain had washed most of them off.)

On the same day the Art Department of the High School Centre issued forty large yellow health posters, which were placed prominently in forty store windows on Commercial Street, along with a special health display and a "slogan." These slogans created a great deal of interest, as each slogan related the goods displayed in the window to health. For instance, a beauty "shoppe" featured sham-

poos, and had as its slogan, " Head First—to Health." A hardware store exhibiting enamel pots and pans which were filled with fresh vegetables had as a slogan, "Health in a Pot." A jeweller's store featuring alarm-clocks had the well-known adage, " Early to Bed and Early to Rise, etc." While one enterprising bank had selected the slogan, " It Takes Health to Earn Wealth." A battery and auto supply shop used the following: " To Check Your Battery See Us—To Check Your Health See Your Doctor."

From November 1st to November 8th the days were filled with health events and Health Week became the " talk of the town."

" Man Against Microbe," a movie made available through the Metropolitan Life Insurance Company, was shown, along with the regular feature at the Capitol Theatre on November 1st and November 2nd. A Vaccination Clinic was held on Monday, November 4th,



Demonstration for Health Week at Nanaimo.

and Dr. Drysdale, M.H.O., vaccinated all children who wished to be done and who had the consent of their parents. The evening of the same day Dr. Harry Cassidy addressed a meeting of the Parent-Teacher Association on " Health Insurance." On Tuesday the regular weekly Baby and Pre-school Clinic was held in the clinic rooms at the Legion Hall. On Wednesday Dr. Crease held the first Child-guidance Clinic and on Thursday Dr. Kincaid conducted the Provincial Chest Clinic at the hospital.

Throughout the week special articles on health topics appeared daily in the two local newspapers. The first article came out simultaneously with the release of the little yellow stickers and was contributed by Mr. A. S. Towell, Supervisor of Nanaimo Schools, who

explained the great existing need for health education and the objectives of the forthcoming Health Week. The second, contributed by Mrs. T. A. Barnard, President of the Provincial Parent-Teachers' Association, gave the hearty support of that body to " the group of public-spirited citizens sponsoring Civic Health Week." Other press contributions were: " The Place of the St. John Ambulance Association in Health-work "; " Public Health and Engineering," by the City Engineer, Mr. A. G. Graham; " Mine-rescue Work," by Mr. Geo. O'Brien, Mine Inspector; " Laboratory and Its Contribution to the City," by Mr. G. Darling; " Books on Health," by Dr. Helen Stewart; " Immunization," by Dr. W. F. Drysdale; " Dealing in Futures," contributed by Dr. Amyot.

Besides these, there were of course many news items regarding the activities in progress each day; also two or three editorials, and one full-page advertisement, from which blazed forth the announcement that this was to be Nanaimo's " First *Annual* Health Week."

By the Friday of Health Week Nanaimo's citizens had become literally saturated with health information and had become thoroughly " health-minded," so that it was not surprising to find that on Friday afternoon the streets were filled with men, women, and children bound for the Pygmy Pavilion, where the final demonstration was to be held.

It would require a large volume to describe minutely the various exhibits and programmes of the afternoon and evening, but the following remarks overheard as the spectators viewed the exhibits are indeed enlightening:—

" My teeth are awfully soft; the dentist says it isn't much use filling them any more; and do you mean to say that if all my life I had eaten those vegetables, and drunk that much milk—and taken cod-liver oil—and if my mother had done the same before I was born that I'd have had good teeth to-day? Well! Well! "

" Oh, isn't it just the sweetest thing, the little bed, and the little bath; and look at the little baby clothes all laid out to warm—baby clothes are so simple nowadays, aren't they? "

" Bugs! Bugs! Are those little mites down in the microscope really the germs that cause a person to have T.B.? "

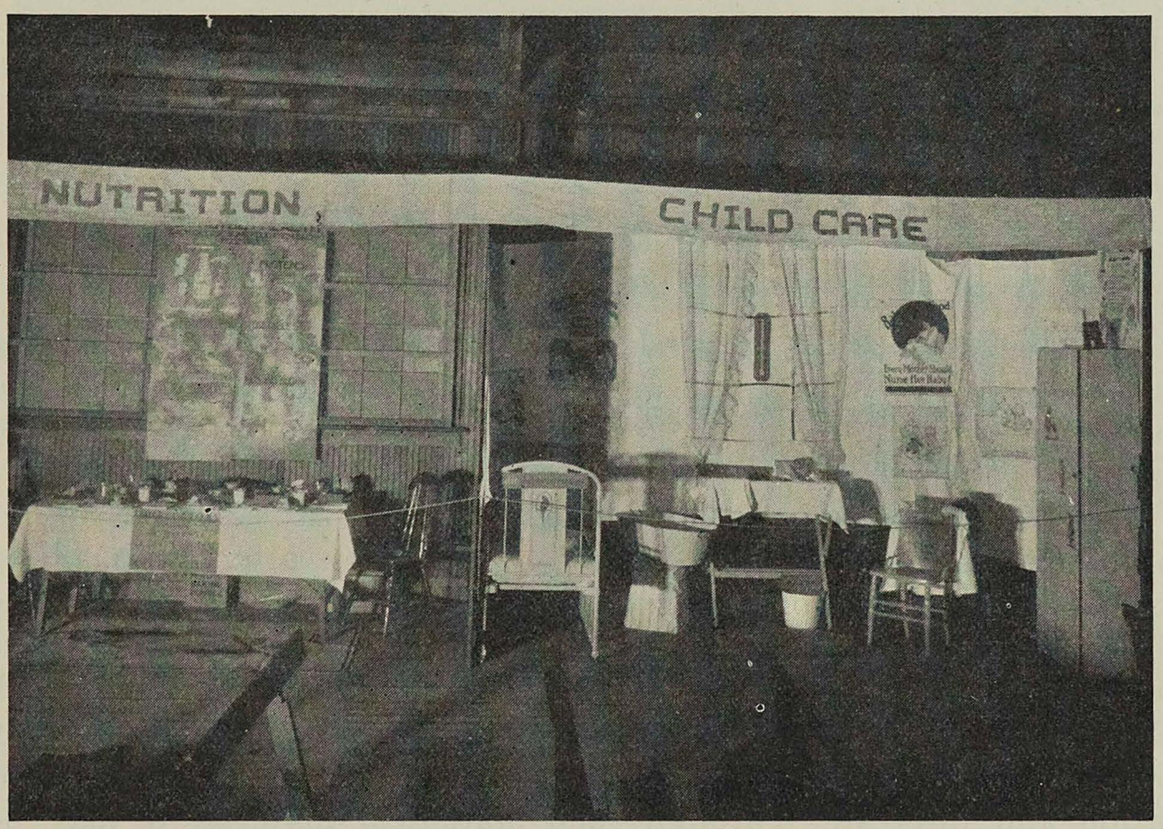
" So that's how they give a patient a bath in bed—well, I guess it's all in knowing how to go about it. You know if I had only known how to do that when our Mary was down with the fever. . . . "

" Yes, I have read of pulmotors; they use them to resuscitate the drowned . . . and in cases of suffocation, you say. Well, it is good to know that there is one in town."

" All these fancy fixings are good for nought; give them a plateful of plain ordinary food and a sweet—but still, if I fussed and fixed a little for our Martie, maybe she'd take to her food better. . . . Why! that's just tapioca pudding, but it looks so tempting the way it's prepared."

At the far end of the hall the wall was brilliant with about 400 health posters, made by the pupils of Grades IV., V., and VI.; prizes for the best of these were donated by the Malaspina Chapter, I.O.D.E. These of course were a source of great interest to proud parents and eager children.

The remaining side of the building, which measured about 60 feet, was devoted to the book exhibit, beautiful new volumes donated for exhibition purposes by Dr. Helen Stewart. It was a colourful display—brightly coloured health posters in the background, with a central poster which stood 6 feet high. This depicted the "Tree of Knowledge," and from each branch, representing a different branch of medical science, an orange streamer led to a small table on which books related to that subject were listed and displayed.



Demonstration for Health Week at Nanaimo.

The programme itself was unusual, in that it took the form of a drama in black and white. Two very, very ideal children dramatized the health habits performed during a very, very ideal day. The hit of the evening occurred when the very, very ideal boy choked and sputtered when he cleaned his teeth, and then wiped his mouth on the sleeve of his shirt. This play was followed by an exhibition of folk-dancing by a class of high-school girls, and an exhibition of tumbling, physical exercises, and pyramiding by the high-school boys.

In addition to this, the audience was very much interested in a demonstration of mine-rescue work given by the Inspector of Mines and the man in charge of the Dominion mine-rescue station here.

It is marvellous that such an extensive health educational demonstration, the success of which depended on the splendid co-operation

of at least fifteen local organizations, forty or fifty local merchants, two newspapers, the University of British Columbia, and of course the Provincial Department of Health, should have evolved from the simple idea to have a small display of health literature and books.

MURIEL UPSHALL,
Nanaimo, B.C.

SAYWARD.

Mrs. Walls reports very little change in Sayward, except for a few cases of chicken-pox and influenza. The district is a healthy one apparently, because the school attendance is good, even though financial conditions are as poor there as elsewhere.

The dentist made a visit during the summer, when quite a lot of dental work was accomplished, which is gratifying.

ESQUIMALT RURAL NURSING SERVICE.

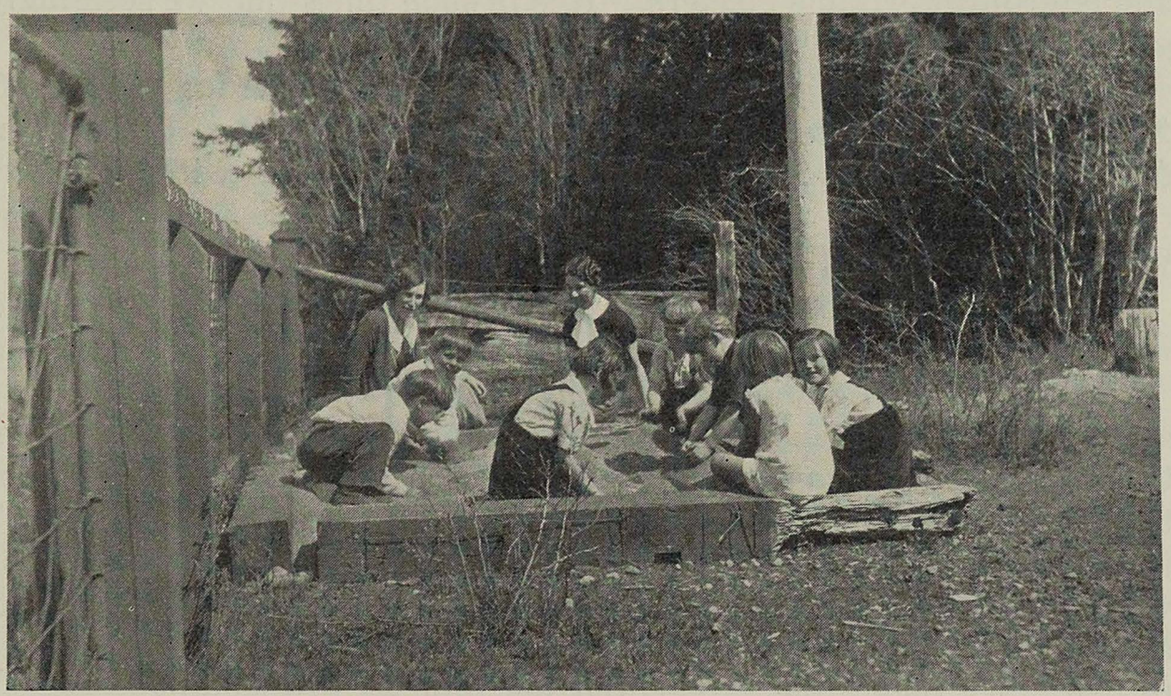
In a rural area, unlike that of a city district, the more pressing needs of the family as a unit must be met. Bedside-nursing has not been the primary consideration, nor too much emphasis is placed upon school when it has been desirable to get into the homes.

The nurse has carefully considered her words for the sake of her organization, the public, and herself. In addition, attention has been paid to the keeping of case records, family folders, and a suitable filing system. With regard to the statistical monthly report, progress may be shown by comparing the previous month and the same month of the preceding year. With the statistical yearly report there may be appraisal and evaluation. A periodic report often provides stimulation and interest. Through such statistical material it may be possible to get community or legislative action to remedy conditions—as, for example, our most recent contribution to State Health Insurance.

Group conferences have been undertaken with trained and competent speakers sponsored through the Parent-Teacher Associations and Women's Institutes for the public. We welcome all such conferences for nurses with doctors sponsored through the Provincial Board of Health. Already much interest has been shown by the staff of the Jubilee Hospital somewhat in the nature of "follow-in" as well as "follow-out" work.

In the schools an attempt has been made to stress the avoidance of fatigue and overstrain in the adolescent, to induce healthy living in the school generally by co-ordinating health with economics in preparation of school lunches, and to increase the attendance by allowing a child to attend school during the incubation of a disease.

A pre-school programme has been attempted during the summer, mainly to detect and correct defects and to immunize the child against specific diseases before he enters school. The pre-school years of life being the most precarious, it would thus seem that a " summer round-up " is urgently needed. In our infant-welfare programme we stress the desirability of breast-feeding, and where artificial feeding must be resorted to we advise raising the standard of milk by pasteurization and special care in handling same. We also urge the early registration of all prenatals.



Sand-pile at Happy Valley School.

The effect of the depression has been particularly noticeable in our district. The majority of our people are on relief and the effect of undernourishment on mentality and teeth entrenches the Public Health Nurse.

Facilities for travelling cannot be met in this scattered district without the co-operation of the nurse; transportation must therefore be considered. Victoria being 8 miles away, and there being no doctor closer than that, our educational programme must often be suspended.

By meeting the people and attending their committee meetings, by assisting in their discussions, helping to advise them in some of their local problems, the nurse must surely benefit, and by concerted effort the aims of our service will be fulfilled.

DORA W. WILKIE, R.N.

" THE DISTRICT NURSE'S ' SOFT JOB.' "

It has been said that the District Nurse has a " soft job " running around in her brand-new car. While the work is extremely interesting, I am going to try to show that it is no " soft job."

In this western district of the Peace River Health Unit the nearest hospital and doctor are 25 miles away from the nurse's headquarters. Roads are poorly built and travel by car is difficult at all times. In summer we have to contend with mud and in winter with snow and ice. Sometimes the distances which need to be travelled are very far and the hours of duty very long.

Any one who has been in this country in the winter knows what it is to drive a car in snow which is 2 or 3 feet deep on the level. Chinook winds can alter the snow-covered roads into lakes of water and later into veritable glaciers. It is in such times that we seemingly get emergency calls.

It was on such a morning that I planned on taking a day off. No sooner had I begun planning what I was going to do at home when there came a rap at the door and a messenger came with, " Nurse, there is a call from —— Valley; a boy is very sick and they want you over there right away."

You start up the faithful car and travel 11 miles over snow and ice. Guarded by a " lucky star," you arrive there safely. You find " Tommy " with a rapid pulse, a high temperature, and a very sore and tender right side. The mother is alone with her four children, the father being away to " town," some 40 miles distant. Between the mother and myself we decide that the sooner we can get " Tommy " to a doctor the better. We leave the other children, the eldest of which is 12 and the youngest 6, in charge of the place to make out as best they can and also to milk and feed the cow until the parents return. We phone the father and tell him we are coming.

We start out about noon and manage to make fair headway for about 15 miles, when all at once the car refuses to go up a small hill. We leave " Tommy " in the car and get out to find we have a flat tire. " Tommy's " mother is rather adept with tools, and between us we take off the offending wheel and put on another. Everything is once more in order and we start off again. After zig-zagging through the snow for the next 20 miles, we arrived at the hospital at 4 p.m., where the anxious father is waiting. The doctor diagnoses appendicitis and decides to operate immediately.

The parents remain in the hospital, and after lunch I start back on my lonely trip to headquarters. I arrive home some three hours later and plan on having a day off some other time.

A month later, at 4 a.m., the whole house is disturbed with rapping and loud talking, and I leap out of bed and run downstairs to answer the call. By this time the head of the house has admitted three young men, the youngest of which is the " patient."

" Sammy " has had an awful attack of appendicitis and should be taken to the hospital right away. " Sammy " does not appear to be ill and seems to be enjoying his " appendicitis." I ask him to undress and put him to bed. I take his temperature and pulse and find both normal. I press on his side and abdomen, and although he says it hurts, the expression on his face seems to belie his statement.

I decide not to take any chances, so prepare to take " Sammy " to a doctor as soon as dawn appears. We have our breakfast at 7 and " Sammy " is much displeased because I thought it best for him not to eat. We start off at 9, and after having some difficulty with the snow we arrive at a post-office and little store which is about half-way to " town " and hospital. Here the father is waiting with a girl who has been very sick; she, too, apparently has " appendicitis." I take her in my car, too, and the father rides behind in the rumble-seat. We arrive at the doctor's office about noon.

The doctor examines the girl and finds acute appendicitis and sends her up to the hospital for immediate operation.

He puts " Sammy " on the table and examines him. He finds there is " not a thing wrong with him." " Sammy " is rather disappointed and still declares that he was sick and says he is very hungry.

We leave the doctor's office and go to a café for lunch before we start for home. The aroma of the eats in the café causes " Sammy " to forget his appendicitis and he eats a full meal of hamburger steak and " all trimmings." On the way home " Sammy " confesses that he was at a birthday party the day before and had " eaten too much birthday cake, got a bellyache, and vomited."

In a district like this, where the doctor is so far away, the nurse comes in contact with many interesting and difficult cases. During threshing season there will be those who get their hands and fingers cut in the threshing-machine; during hunting season they still make mistakes and get shot; children will get burned and scalded in the most unusual ways; expectant mothers will doggedly stay at home and refuse to go to a hospital and the nurse is expected to race the " stork " to the home.

This kind of work, besides the regular routine of school-work, prenatal and child-welfare work, makes the nurse's work very interesting, but far from a " soft job."

PAULINE YAHOLNITSKY, R.N.,
Progress, B.C.

We have the pleasure of publishing a full account of what can be done under a full-time Health Unit. The Peace River District was opened as a Health Unit with a full staff under Dr. J. S. Cull, D.P.H., and a staff of six nurses. During the summer two dentists examined and treated every child in the district. The account is a full review of an organized Health Unit, beginning as a complete Unit, and contains information for the public that will give them a résumé of how organization, followed by administration through the agency of a trained staff, can produce results.

PROVINCIAL BOARD OF HEALTH.

HEALTH SERVICES UNDER THE LARGER UNIT OF ADMINISTRATION.

BY DR. J. S. CULL, DIRECTOR, PEACE RIVER HEALTH UNIT.

To obtain the proper perspective of the health services of the Peace River Health Unit in this Larger Unit of Administration and to appreciate the benefits accruing therefrom, it is advisable, I think, to give a brief résumé of conditions as they existed previous to 1934-35.

At that time there were two part-time Medical Health Officers acting as School Health Inspectors, one north of the Peace River and the other south. These physicians visited the schools once a year and examined the pupils, sometimes rather hurriedly, and in the great majority of cases without the parents being invited to be present for the examinations of their children. Where defects were found notes were sent home to the parents, but little or no follow-up work was done to stress the importance of early remedial treatment. As a result, really very little actual medical service was brought to the child except where the conditions found were particularly pressing. Dental attention for the school-child was a thing almost unknown until the summer of 1934, when a service of this nature was rendered to certain sections of the district. The reports of the School Health Inspectors regarding the school buildings, equipment, environs, sanitary arrangements, etc., were forwarded to the various School Boards, but owing to the lack of co-operation from these the improvements that were made, based on the Inspector's recommendations, were few and far between.

The weakness of the system lay in two directions: First, in the traditional lack of co-operation from rural School Boards; and, secondly, in the employment of part-time School Health Inspectors. The first has been most successfully remedied by the consolidation scheme under the Official Trusteeship of Dr. Wm. Plenderleith, while the second has been corrected by the installation of the Health Unit. It might be interesting to state briefly why the old system of health supervision has fallen down—because there has been no one continuously on the job to carry out those measures which are necessary

to prevent illness and death, those in charge have often not received the necessary training and they do not have the time to devote to public health with their other duties. It is constantly found that the Health Officer who is paid very little for his services is necessarily obliged to devote his time to the practice of his profession in order to make a living. He consequently pays little attention to public health. It does not pay him to do so. If he were a full-time Health Officer his entire time and energy would be devoted to the prevention of disease in his community. It is not the part-time Health Officer who is at fault, but the now-antiquated system.

After the consolidation scheme had been in effect in this district for one school-year, a considerable sum of money had been saved in the operation of the schools and was set aside for health purposes. This, together with a grant from the Rockefeller Foundation and the Provincial Board of Health, was instrumental in bringing into being the present full-time Health Unit. If the above saving had not been made by the consolidation of school districts, it is doubtful if the school and pre-school children here would ever have enjoyed the health services which are at the present time being presented to them.

The actual organization of the Health Unit took place during the summer of 1935 and the staff started work on September 1st, 1935. The personnel of the Unit consists of a full-time Director, who is Health Officer and School Medical Inspector for the Peace River District; four full-time Public Health Nurses who carry out a generalized public-health nursing programme, including school-nursing. No routine bedside-nursing is carried on by the Health Unit staff. In addition to the above, there are three part-time co-operating nurses, located in the more isolated parts of the district, who take charge of the school-nursing in these areas. The full-time personnel co-operate with these other nurses in an attempt to give as full a nursing service as possible to the people and children of these more distant parts. The population served is estimated as 9,000, with 1,400 school-children and approximately 1,000 pre-school children.

All full-time members of the staff have Unit cars for summer travel and arrangements are made for the use of teams and drivers for winter travel.

These members have all received training in public health, as has also one of the co-operating nurses.

To the best of my knowledge, this is the only Health Unit in Canada operating under the dual head of the Departments of Education and Health. This is, without doubt, the ideal system, for, after all, health and education are really inseparable—each being necessary to complete the other.

The actual work of the Unit began under most auspicious circumstances. Two full-time dentists were appointed for two months and almost the full time of the staff was taken up during September and October with the organization and operation of dental clinics. This service was free to school and pre-school children and did not

apply only to those school districts under consolidation, for arrangements were made with the other School Boards and eventually all the children of the Peace River District were given the opportunity of having complete and thorough dental treatment by a competent dentist. Nothing of this nature applying to the whole district had ever occurred before, and you may well imagine the benefits resulting therefrom. The continued neglect of dental attention in this part of the Province had caused the loss of many six-year permanent molars and a very serious condition of abscesses from badly decayed temporary teeth. The neglect and loss of the six-year molars we found in a large degree to be due to the ignorance of the parents to recognize these to be permanent teeth. Many deciduous teeth had been extracted from three to five years before they were replaced by permanent ones, causing lack of development in the jaw-bones, and resulting in irregularity of the permanent teeth and, in some cases, facial distortion.

In former years absence from school because of toothache was quite common, but this year many of the teachers have been remarking with enthusiasm on the improved attendance.

Below is listed a general summary of the work that was done during the two months that the dental clinics were held. These clinics are to be an annual event and they alone will ensure a marked improvement in the general health of the children.

	Number of Patients treated.	Fillings.			Extractions.	Prophylactic Treatments.
		Amalgam.	Cement.	Porcelain.		
South of the Peace River	659	749	136	113	834	476
North of the Peace River	346	633	61	15	289	338
Totals	1,005	1,382	197	128	1,123	814

Number transported by Unit personnel, 250; males treated, 522; females treated, 483.

The District Nurse makes periodic visits to her schools and examines the children, weighs and measures them, and always is alert for the presence of communicable disease. If a child is found to need medical attention, the Health Inspector is acquainted with the fact either at once or at the time of the regular medical examinations. If the parents are on relief and they are not in a financial condition to pay for the treatment considered necessary, use can be made of a fund which has been set aside under the consolidation scheme to assist cases of this kind; the parents in these cases usually paying 50 per cent. of the cost of the treatment. The 50 per cent. of the cost may be given in wood, ice, janitor-work, or other school services that may be required.

It is expected that arrangements will be completed this summer whereby those children suffering from diseased tonsils and adenoids will be able to have surgical attention.

Where glasses are urgently needed for the preservation of the pupil's eyesight and the parents are unable to pay, the Consolidated Fund is again made use of.

Preventive treatment, such as vaccination, inoculation against diphtheria and scarlet fever, iodine tablets or tincture, etc., are available for all school-children desiring them.

I would like to quote from the article on "Health" by Miss Dorothy Johnson (B.C. Teacher, April, 1936): "Health-teaching should be directed at the parent; medical examinations are often hasty and recommendations are not followed up." I quite agree with her, but would like to say that these criticisms do not apply in this district and should not where any full-time Health Unit is established. We make a particular point of inviting the parents to be present at the time when their children are examined, as this makes an excellent occasion on which to discuss and talk over many health matters, and to advise the parent directly in regard to the care of his or her child.

A considerable length of time is spent on the examination of each child and we feel that we get better results in this way than by just making a hasty examination. It is one of the duties of the District Nurse to follow up any recommendations that are made at this time and to strive continually to show the value of these. I quite agree that much of the value of the medical examination would be lost if this work were not done.

Below are listed some of the figures taken from the Statistical Report ended December, 1935:—

Visits to schools	340
Physical examinations	514
Average per cent. of parents present	63
Children inspected by nurses	2,722
Notes to parents	66
Home-school visits	203
Quick inspections for contagion	763
Exclusions	57
Examined at office	62
Class-room talks	123
Consultations with school officials	248

This brings me to the school building itself. In this connection I may say that the buildings in this area are inspected from a health standpoint. Where poor or improper lighting is found, or different-sized desks are required, poor ventilation, or poor heating exists, a report is forwarded to the office of the Official Trustee stating the facts of the case.

Under the old system one could have sent reports indefinitely to the School Boards and little or no action would have resulted. But now things are different, and in this Larger Unit of Administration "action" is the word of the day. When a report is forwarded the defect or condition is remedied in very short order.

As a result of this the supply of drinking-water, toilet facilities, cloak-room facilities, lighting, heating, and ventilation have all been markedly improved. In the majority of schools in this district the desks are fixed to strips rather than to the floor. Thus they can all be moved over to one side of the room, and this tends to overcome the criticism of lack of space during a physical-education period.

When one realizes that all these changes and improvements and increased health services have come about as a result of the adoption of the Larger Unit of Administration, one cannot be other than in favour of such a system. Little or nothing of this nature existed before, and I doubt if anything of a similar nature could be brought about in rural districts without the adoption of a similar consolidation scheme. It is a pleasure to work under such a system, and as the months go by and we see the improvement being wrought in the health of the children, I feel that the Department of Education is to be complimented for the introduction of such a plan, and I trust that the benefits of the larger-unit system will be extended to other rural districts.

Some general statistics follow. These are from the Statistical Report ended December 31st, 1935, after four months of operation:—

Hours on duty	3,474
Average daily hours on duty	8
Miles travelled—	
Car	11,000
Team	675
Horseback	202
Boat	280
Walked	158
Visitors to office	236
Phone calls received	99
Phone calls sent	74
Letters received	226
Letters sent	229
Investigations for contagion	41
Home-visits *re* contagion	32
Home-visits to T.B. suspects	9
Prenatal visits	66
Infant-welfare visits	146
Infants examined	20
Pre-school visits	120
Pre-school examinations	35
Number transported, other than for dental clinics	37
Nuisance complaints investigated	10
Water samples taken	3
Inspections of water-supply	12
Miscellaneous visits	354
Investigations made	19

Social-welfare visits	59
First aid given	22
Meetings attended	32
Meetings addressed	23
Individual health talks	333
Pieces of public-health literature distributed	261

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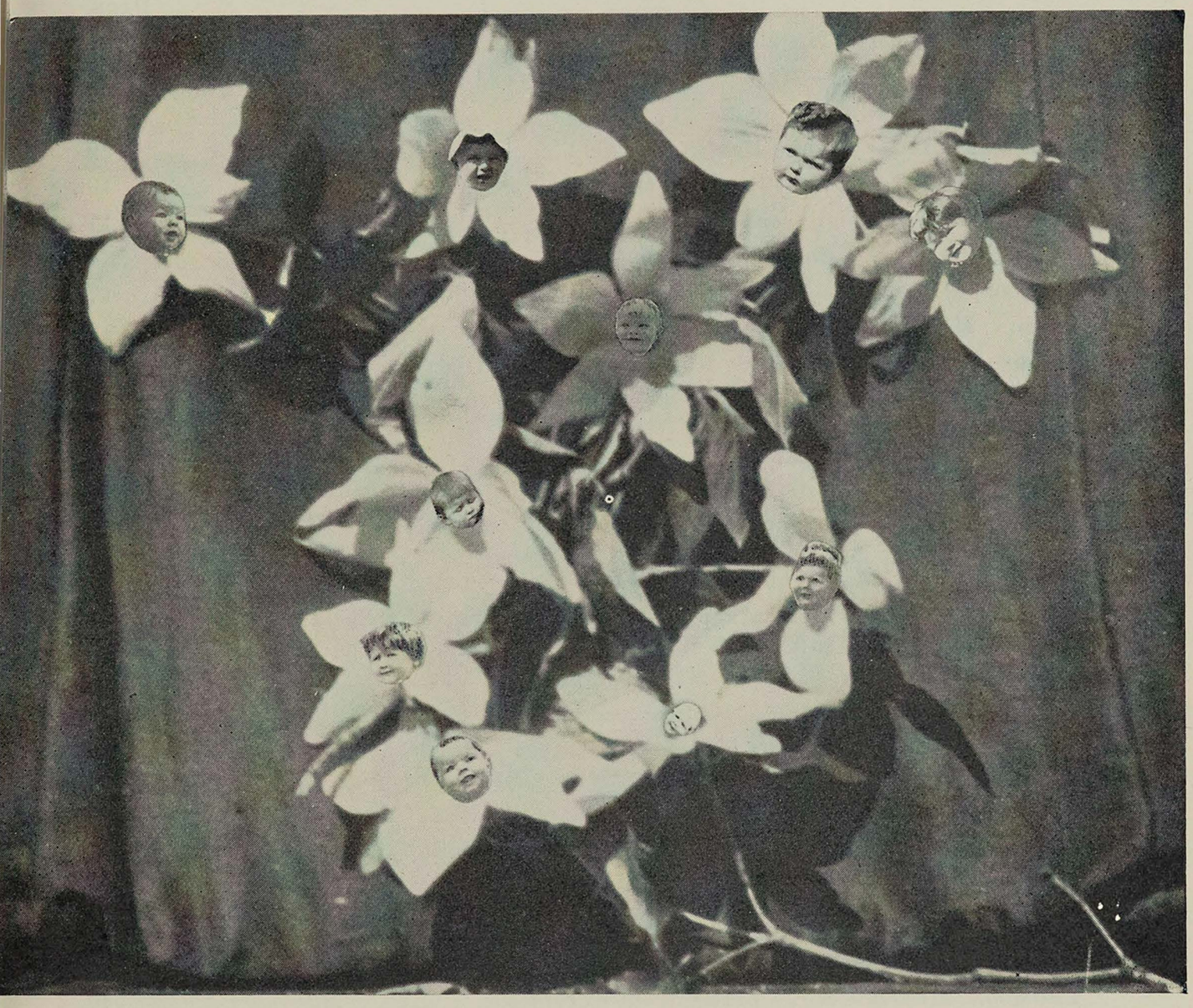
EDITORIAL.

Looking through the accompanying pages, one is struck by the improvement in type and style of articles submitted in comparison with those sent in for previous bulletins; perhaps the fact that we are all one year older, and consequently that much more familiar with local problems, is responsible. Whatever it is, here we are again showing definite progress all along the way.

One could wish for more photographs to brighten up the tedium of the printed page, and we hereby make the humble suggestion that next year's articles be relieved by some interesting illustrations which could be provided for by keeping the BULLETIN in mind when an unusual or unique circumstance arises during the year. Are we not all children still when it comes to looking through a magazine—first at the pictures and then at the articles?

B. J.



The world has no such flower in any land,
And no such pearl in any gulf or sea,
As any babe on any mother's knee.

—*Swinburne.*

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THE NEGLECTED AGE.

Arriving here on February 15th, 1932, I am nearing the close of my fifth year in this district. The work has proved particularly interesting and the public appreciative.

School-work demands a major portion of the Public Health Nurse's time here, both in the buildings and home-visiting; and now the Comox Logging Co. has started operations in the local town, it has greatly increased the school population, necessitating nine teachers to take care of the eight grades in the public school (we have not yet a junior-high system). There are four teachers at the high school, a home-economics department, manual-training instruction, and Mr. Bouchard takes care of the physical education. Five years ago there were but seven teachers for the first eight grades, three at the high school, and a manual-training instructor.

Not only has the population increased, but tuberculosis clinics have also gone apace, and instead of two or three visits annually, we are having the service every second Wednesday.

There is still a branch of the work of physical welfare that is neglected—the pre-school age. I include these little ones at my welfare clinics for the infants, but they take more or less of a secondary place, and I feel that so much could and should be done for them in preparing for their future and for school. When given a little praise and persuasion I find them quite easy to reason with and very trusting. There are many here that are growing up around me so much so that they look upon me as a " safety-zone." There has been only one child so far to whom I could not give the second dose of tuberculin. He has a tremendously strong will for his four years and we resorted to the aid of his daddy; when the child was asleep it seemed easier to handle the situation and was successful.

In conclusion, I would like to submit a programme that I feel would be another step in advance and apropos in getting the little ones of the freedom age to take their place in life as healthy citizens—a monthly or bi-monthly clinic where they could be encouraged in the habits of using toothbrush and handkerchief in the form of drills, taught to gargle, to use the thermometer, encouraged in habits of tidiness, and in doing things for themselves. Weighing would help in regard to diet that is best for them, and teeth and tonsils would receive earlier attention. Furthermore, quite often contagious disease is innocently started and (or) spread by these small people because it is not discovered at the onset.

E. G. ALLEN, P.H.N.,
Ladysmith, B.C.

MATSQUI-SUMAS-ABBOTSFORD DEMONSTRATION AREA.

Our last year's report dealt with the initiation of the health-work in this district. This year we are able to show definitely the effects.

Thanks to the Provincial Board of Health, the majority of the children have had their teeth attended to and there is already marked

improvement in the health of many, most noticeable being the decrease in swollen submaxillary glands.

It is now a pleasure to visit the schools and see the majority of the hands go up when the children are asked if they have cleaned their teeth. It does not seem possible that a short time ago many had never had a toothbrush, and, needless to say, it took weeks for some of them to acquire the regular habit of using them. Only the newcomers are the offenders now. For a while last fall it looked as though we were being swamped with Mennonites. Another school had to be opened in the Poplar area, where nature does not provide rich soil. Large families have been attracted to this district from Saskatchewan and other Prairie Provinces, seeking small homesteads or cheap land. Many are now in need, and in some cases emergency relief has been given. With lack of water and crowded quarters, there was an increase in skin-diseases, necessitating frequent exclusions from school and home visits.

In August all the children from the most distant school were transported to the dental clinic in the nurse's car. Two or three children or less, depending on the work to be done, were brought in to each dentist. None had to be persuaded to go, as they all looked forward to the trip to Abbotsford. One little Japanese counted his carious teeth and figured on a trip for each cavity. He was quite disappointed when he was finished in one morning!

The need for proper diet and careful cleansing of the teeth and regular visits to the dentist in the future has been constantly stressed. Many now take milk who never took it before. Alas, some have begun too late—one girl of 14 especially, regrets, after losing most of her teeth, that she never drank milk until last year. In a dairy country such as this it is a tragedy to see how many people do not realize that milk is such a necessary food.

Not long ago, I felt rewarded after having visited a home previously about their milk-supply, also about Benny's tonsils, to find that they had purchased a cow first with their hop-picking earnings, and now the family has a supply of milk, where previously 1 quart of milk served ten, including two babies under 1 year of age.

Quite a number of children have had their tonsils removed, and many more intend to in the near future.

Thanks to the members and staff of the Crippled Children's Hospital, several of our school-children have had treatment, and the benefits they have received has made their lengthy stay well worth while.

One of the present problems is that of obtaining glasses for children on relief, but we hope, before long, to see the way clear to procure them for the most urgent cases.

In many cases of defective vision, the parents, after having a home visit, saw the necessity for glasses and promptly bought them. In others, it was only after showing the parents that their child's

vision had failed during the year following the doctor's examination that they realized the need for prompt attention.

In September a talk was given in each school district about goitre-prevention, and over 800 children sent in their dimes, nickels, and pennies. What a task it was collecting the money, and, later, distributing the iodine tablets!

For the first few weeks in September we were free from infectious diseases. It was too good to last. One morning a phone message came in saying that a child had died from poliomyelitis on Matsqui Prairie. So two weeks were spent checking thoroughly all absentees. There were many away due to the fear of a further outbreak, but, fortunately, no other cases appeared. The odd case of scarlet fever here and there meant that the ceaseless vigil had to be continued.

In October the area suffered a sad loss in the passing of our beloved Director of Education, Mr. P. H. Sheffield. For several weeks new demands were made on the already crowded programme, but it was not long before a new Director was appointed, and we are most fortunate in having Dr. Wm. Plenderleith, who organized the Peace River Block. Under his direction a health unit is shortly to be established, and we can look forward to an extensive immunization programme, and many other necessary activities, as yet only visualized, but not realized.

With all the schools now affiliated with the Junior Red Cross and the new curriculum stressing health, the children are rapidly becoming health-conscious, and, looking back, one can see a marked improvement in the personal hygiene. The parents show increased co-operation by the prompt reporting of infectious diseases and requests for visits when in doubt as to what is wrong with their children.

With the new Philip Sheffield Memorial Auditorium recently opened and a gymnasium constantly in use, under the able direction of Mr. Paul Kozoolin, not only children but many adults are taking an active part in physical education. We are looking forward to the future, which holds much in store for those who wish to avail themselves of all the Department of Education has to offer.

Onward little soldiers,
Marching on to wealth,
All our young school-children
Know the rules of health.

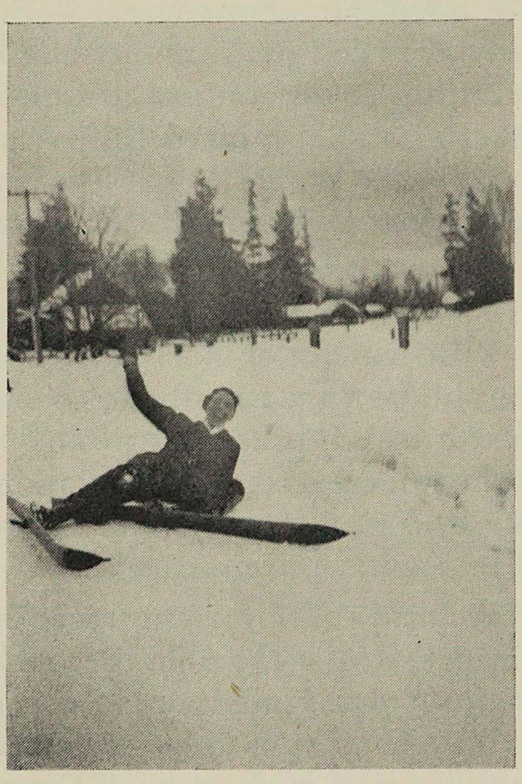
Onward then ye people,
This shall be your song,
" Health " is now our motto,
Join our happy throng.

J. MARYON ARNOULD, P.H.N.,
Abbotsford, B.C.

SKI-ING.

The wonder of wonders that surprised all of Duncan was to see the staff of the Cowichan Health Centre venturing forth to enjoy the winter sport of ski-ing. When ever did any one expect to have sufficient snow on the island to allow for this exhilarating sport? With the old adage foremost in our minds, that " all work and no play makes Jack a dull boy," we attempt to keep abreast of the times by trying our hand at all fashionable sports, for at the present time ski-ing is commanding world-wide attention. Nor does one wonder at this, having experienced even a little of the thrills of skimming through the air.

To experience the feeling of swooping down the hills, the wind against your face and the sound of crunching snow under your skis, is terribly exciting. After a small amount of practice one almost feels



Many will be the falls.

Ski-joring.

like a ship breasting the waves or a bird flying against a breeze. Now, if any one had spoken of ski-ing in these terms the first day I tried, I am quite sure that I should have described it as more like feeling like an elephant on skates than a floating cloud. However, after the first clumsiness is past, practice makes perfect and soon a love of the thrill is developed.

The approved advice to beginners is as follows: Learn to fall, as many will be the skids and the rough spots and the crossed skis that will upset your equilibrium, and many will be the bruises and scratches acquired through your first endeavour. The main point to remember is to remain elastic and to make your knees act as springs to your body to absorb the shocks which might otherwise upset you. The position taken is knees slightly bent, one foot in front of the

other and skis together. Hold your body upright and watch the ground in front of you, adjusting your balance to suit the contour of the ground. As you gain confidence in yourself, refuse to fall. Remain determined to stay on your feet until you are actually thrown to the ground. To slacken your speed, point the tips of the skis together and push the backs of them outwards.

According to C. Falcon, this is the correct way for a beginner to start along the happy way of successful ski-ing. We have tried it and found that, with this expert advice and a little practice, our runs became each time a little less clumsy and a little more perfect. The back yard, the hill behind the house, the country roads, or the rolling fields are splendid places to explore on skis. Try running, jumping, or ski-joring for thrills. Ski-joring is accomplished nowadays by being towed behind a car along smooth and well-packed roads at 20 miles per hour.

Nothing, I am sure, will afford you more good exercise or more howls of laughter than this pastime. We enjoy it and wish you the best of luck in your first ski-jump.

FLORENCE BARBAREE, B.A.Sc., R.N.,
Cowichan Health Centre, Duncan, B.C.

PUBLIC HEALTH.

This winter I was one of the few privileged students who were permitted an insight into the more advanced fields of nursing service. For two weeks, in weather ranging from fitful and watery sunshine to near freezing temperatures, I accompanied one of the three Saanich nurses and visited homes representative of nearly every type of person—homes graduating from mere one-room, hot, overcrowded shacks to little smug stucco bungalows.

Tired and fretful mothers, discouraged and beaten by economic circumstances beyond their ken, relaxed and brightened a little as the nurse stepped through the door. No trouble was too long for the nurse to listen to. Willingly she looked at the whimpering baby's rash, peered down the next toddler's throat, and discussed the disadvantages of rheumatism with the grandmother.

Into the schools I went and watched shy little girls and tousled-headed boys extend their grubby hands and open their mouths to display none too clean teeth for routine inspection. Suspicion of scarlet fever at that time intensified the examination of all school-children's throats; with the teachers' ready co-operation, records of absentees were made and subsequent home visits followed.

"Back-stage" glimpses were obtained upon frequent visits to the central office at Royal Oak. Here could be observed the machinery that set this particular Public Health Unit in motion. All day numerous phone calls appealing for help were answered by a speeding busy nurse.

But as interesting and instructive this part may be, I frankly admit I was more intrigued by the social-service side of the department. To be able to go behind the scenes and see at hand their hopes, fears, successes, and losses was an experience that I shall not readily forget.

M. A. CAMPBELL,
Provincial Royal Jubilee Hospital, Victoria, B.C.

(EDITOR'S NOTE.—Students from the Provincial Royal Jubilee Hospital spent periods of two weeks with the nurses at Saanich Health Centre.)

VICTORIAN ORDER OF NURSES.

The work of the Oliver, Osoyoos, and Okanagan Falls branch of the Victorian Order of Nurses is as comprehensive a branch of the public-health service as one nurse is able to make it, in that it includes school-work, pre-school and infant-welfare work, bedside-nursing, as well as the care of one Indian reserve.

Perhaps a short account of the work among the Inkameep Indians would be of interest to some. One day a week is devoted to the reserve, and only strictly necessary bedside calls are made in the rest of the district that day. After travelling over the very rough road across the reserve, the first place of call is always the Indian day-school. There are usually from twelve to fourteen children present, ranging in age from 5 to 17 years old. These are all given a preventive treatment for trachoma, a disease which was previously very prevalent in this reserve, but is now well under control. They are also weighed once each month, and each day the teacher gives every child a dose of cod-liver oil, supplied by the Indian Department, and sees that they wash their hands and clean their teeth before school commences.

Due to the co-operation of the teacher, there is an excellent health programme carried on in the school, and the children run a flourishing branch of the Junior Red Cross. Occasionally the nurse is invited to attend their meetings and speak to them.

Before leaving the school the teacher reports any sickness among the adult population that has come to his notice, and then the Old Chief's home is always the next place of call. The Old Chief is well over 80, but still in complete possession of all his faculties. It is due to his efforts that this reserve has a school and a nurse, and he is still very much the chief of the tribe, though his son does most of the actual business for him nowadays. His English is, perhaps, a little difficult to understand, and his wife, a bent old lady of much his own age, speaks no English at all.

After these two regular calls have been made various other houses on the reserve are visited. The nurse is always made welcome, and often consulted on a variety of subjects, and even a friendly talk on matters outside health is important. Each house must be visited in turn or the inmates feel neglected, and the friendliness between the

Indians and their nurse is the greatest help and power for good she has; without it very little could be done in time of illness. Contrary to the general opinion, many Indian homes are quite clean and well kept, and the nurse is often aware that they have had an extra brush-up on the day she is expected. The Indians are usually eager to report any illness and will follow instructions as carefully as most white people.

On the whole, the work on this reserve is most interesting and well worth the time given to it. The tribe is, for the most part, remarkably healthy, and tuberculosis, such a scourge on other reserves, is rare among the Inkameep Indians.

L. W. V. CRAFTER,
Oliver, B.C.

REVELSTOKE REFLECTIONS.

After five short months as the Public Health Nurse in Revelstoke, it is time to pause for a few moments to reflect on the work which has been accomplished and on the plans for the future.

Before assigning my reflections to paper let me take this opportunity to write a few words of appreciation of the splendid work of my predecessors, Miss Amy Lee, who so ably laid the foundations of a school-health service, and Miss Agnes Thom, now Mrs. Ingley, who continued and expanded this programme. When I realize the great amount of work which was accomplished by these nurses I feel very humble as I review the past months. And yet I recall the excellent advice we were given as students—" Go slowly and be satisfied to reach a single objective at a time."

The work in the schools occupies the greatest share of the nurse's time. There are two public schools and a high school, with a total enrolment of 640. In September the pupils were weighed, measured, and inspected for dental defects, poor vision, posture, and general cleanliness, and health reports were sent to the parents. A monthly inspection is made in each class-room to check on cleanliness and health and to encourage correction of defects. Rather than follow each inspection with a health lesson, after consultation with the teachers a time-table was arranged so that the nurse takes a lesson in each class-room every two weeks. At the teacher's request some definite subject is taken, otherwise health rules are stressed by means of stories and pictures in the lower grades, and in the upper grades some topic relating to public health is generally chosen. In November we had a cleanliness campaign in the lower grades in each school. The children were very interested in marking their charts, and at the end of the period a prize was awarded to the class-room which showed the greatest improvement. The teachers all agreed on the effectiveness of the campaign.

First aid is taken with the boys of Grades VII. and VIII., and home-nursing with the girls. They are very enthusiastic about these

classes and the certificate awarded to the successful first-aiders is greatly prized. In referring to the home-nursing classes, the mothers often remark: " We had nothing like that when we went to school and I am certainly glad my girl has such an opportunity to learn." Thus one is amply rewarded for any extra time given to these classes.

So far we have been very free from communicable diseases; three cases of chicken-pox and six of mumps being our record since September. Although there was a general epidemic of measles in Revelstoke just two years ago, there are many who have not had this disease, and our fear has been " measles " as we read of the number and oftimes seriousness of the cases in some parts of the Province. However, since we have had two cases of measles in our town, one a pre-school child who had been in Vancouver and another who was a visitor for the holidays, without any one contracting from them, we are now resting somewhat easier, but at the same time always watchful. At present we are in the midst of a mild 'flu epidemic and most are heeding the warning—to stay at home and keep warm if not feeling well. During the past week our average daily attendance has been less than 75 per cent., but we are hopeful for a return to normal very soon.

One hundred pupils have milk every morning recess. The majority pay for the milk, but those who are underweight and cannot afford to buy receive milk free. The Milk Fund is supported by the I.O.D.E. and the Women's Auxiliary to the Canadian Legion. Every child taking milk has made a monthly gain in weight, and there is many a happy smile when weighing-day comes and " Mary " and " Johnny " find that they need no longer be on the list of underweights.

Four of the teachers have become quite enthusiastic over the organization of a Canadian Junior Red Cross Branch in their classrooms. Until the present there have been no branch organizations in Revelstoke and we are looking forward to still further developments.

One really worth-while accomplishment was the administration of toxoid to approximately 200 children—school, pre-school, and infants. Except for a few private cases, this was the first time toxoid has been given here and we were very pleased with the response. The very willing co-operation of the doctors was given and each held a clinic. An article was published in the local paper regarding the value of diphtheria-prevention, and notices were sent to all parents of children under 11 years of age. The great majority of these were returned with their consent to have the toxoid given. One notice was returned with the terse remark: " I don't see any reason in having this toxoid until there is a case of diphtheria in our town." Fortunately there are few parents who are so ignorant of modern public health. We hope to have other clinics in the fall and thus, before long, make diphtheria an impossibility in Revelstoke.

In connection with the school programme the value of the follow-up work cannot be too greatly stressed. The home visit completes the link between the parent, the child, the teacher, and the nurse. Most parents are eager to discuss the health of their children and are

very co-operative in attending to correction of defects. Many a misunderstanding is cleared by the home visit, with the result that the parent realizes that the best is being done for his child.

To date the work with the pre-school children has been through the home visit. Sometimes the chance visit to the home of a school-child is the one of most value. For example, when making such a call one day it was noticed that a little 4-year-old had a very definite squint. The mother also had this defect. When it was mentioned that this could be corrected in the child, the mother replied that she understood it to be hereditary and she had been told by a neighbour that nothing could be done. Fortunately she was a very co-operative parent, and the next time I saw the little girl she had been fitted with glasses. She was indeed a grateful mother, who had merely followed the advice given on a chance visit.

The infant-work is really my " chief delight." It is being carried out on a very small scale, but from small beginnings I have hopes of great developments. A list of all births is obtained from the hospital each month. For the out-of-town mothers a notice is sent for post-natal letters. Those who live in town are visited regularly, and they soon look forward to the Saturday-morning visit of the nurse with her scales, which tell how much baby has gained. Usually the mother has a question ready regarding the health and care of her baby, and then one feels indeed that some service has been given.

So far a pre-natal clinic has not been organized. It has appeared to be more practical to carry on this work through the home visit alone. Perhaps in the future such a clinic may be feasible.

And now to future plans. First is a more complete immunization programme. A very successful vaccination campaign was held last spring, but still there are many in the public schools and 45 per cent. of the high-school pupils who have not been protected against smallpox. We are planning now for a clinic to be held after Easter and are hopeful that many of the above-mentioned pupils, as well as many of the pre-school children, will come for vaccination.

Next is the organization of a weighing-station for the infant and pre-school groups. All public-health workers realize the need for service to this group, for it is here that a good foundation is laid for future health. Just as soon as our blizzards have been forgotten for another season I hope to have the first of monthly " weighing-days." Even if these do not appear very popular at first I shall not be discouraged, because I believe that in time more and more mothers will avail themselves of the opportunity of visiting this station monthly to have their babies weighed and checked for defects, and to obtain literature and advice regarding diet, habit formation, and the countless every-day problems which worry and perplex the young mother who is seeking the best in health for her child.

The third of my future objectives is perhaps only a dream, but none the less a very practical dream. It is the hope that some day the half-dozen or more rural schools which are in the outlying districts

of Revelstoke may have the services of the Public Health Nurse. There is a real need in these small places and an additional great opportunity for public-health teaching.

When the time rolls around again and Dr. Young, without whose kindly advice and encouragement my way would have been less easy, asks for another contribution to the BULLETIN, I hope that my plans will have materialized. Much has been learned by a very short experience in the field; but, oh! how much more there is to learn and how much to do!

LYLE CREELMAN, B.A.Sc., R.N.,
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CONSOLIDATION OF SCHOOLS.

FROM A NURSE'S POINT OF VIEW.

Six years ago, in 1931, under the auspices of the Provincial Health Officer, Dr. Young, the Department of Education, and the Red Cross, a Public Health Nurse was stationed in the Sunset Prairie District of the Peace River Block.

The vastness of this territory of scattered pioneer settlements, with weather and road conditions quite beyond description and the remoteness of the part-time Medical Health Officer from the large majority of settlers, constituted real problems to the nurse in this area. The greatest difficulty, however, which had to be met and overcome was that of the co-ordination of medical work in the schools. There was little or no co-operation with the nurse by parents, teachers, or local School Boards, and in an area of some 500 square miles, wherein no general agreement for systematic health-work could be reached, satisfactory results were obtained slowly and with the greatest difficulty.

In some schools ventilation was of the worst kind; in others no adequate washing facilities could be obtained. Drinking-water was frequently of the most unwholesome kind, such as could be procured from a near-by slough, and the common drinking-cup was in general use.

On the appointment in 1934 of Dr. W. A. Plenderleith as Inspector of Schools for the Peace River Block, a plan for the consolidation of a majority of the school districts in this inspectorate was successfully launched with a view to increasing efficiency in school government and the bringing about of other much-needed reforms.

Looked at from the purely educational point of view, the scheme was of the first importance. Local School Boards were often controlled by inexperienced and inefficient men.

This problem was solved after much preliminary opposition by dissolving most of the local School Boards in the area where the Government had in any case been bearing, roughly, 90 per cent. of the financial burden of school administration. Inspector Plenderleith

became Official Trustee for the consolidated area, with full authority for all school expenditures and for appointment of teachers. An Official Correspondent was nominated in each school district so that the Inspector could remain in touch with the needs of each school, and could, through this means, receive suggestions from any one who had grievances to air or improvements to put forward.

Before consolidation the school taxes were unevenly divided in the inspectorate—some school districts paying as much as 25 mills, while others paid as little as 1.3 mills. These inequalities could not at that time be avoided on account of the great differences between built-up developed areas and those still in a pioneering condition. The plan of consolidation effected a cure by making possible one mill rate for the whole inspectorate. Thus improvements in school conditions from all angles have been very happily brought about throughout the area.

A marked decrease in taxation for those under the scheme of consolidation was a welcome feature in many districts, the actual cash saving during 1934–35–36 having been $4,315.70.

Needless to say, the plan did not at first receive the support which later brought nearly every school district under the scheme. In the first place, a strong protest was made through the local press and by locally organized "protest meetings." Much was heard of the dictatorial methods of consolidation which centralized authority in one person and undermined democratic government in school matters, imperilled personal freedom, and thereby destroyed personal interest. With indefatigable effort, however, Dr. Plenderleith set out to meet all objections, attending innumerable meetings throughout the territory for the purpose of explaining the chief points of the plan—namely, decrease in taxation and increase in efficiency and equipment of schools. With the promises given that no reasonable request made by any School Board would be turned down, and with the better understanding of the scheme, the opposition lost its bitterness and prepared to give the plan a fair trial. The result has been remarkable, and to-day all but two of the school districts, whose financial status gave them the privilege of voting for or against consolidation, have entered into the scheme of their own free will.

In addition to the advantages shown in the economic and administrative departments, consolidation has made possible the organization of a complete school medical service in the Peace River Block. In 1935, a little over a year after Dr. Plenderleith's appointment, a Health Unit was formed under the control of a full-time doctor as Medical Health Officer with four full-time and three part-time nurses. An efficient plan was evolved for health-work in every district under consolidation.

Every school under the scheme now has a uniform programme of school hygiene, the main features being as follows:—

(1.) Toxoiding and vaccination for all children are now being carried on even in remote areas.

(2.) A programme incorporating baby and pre-school welfare has been organized; prenatal and postnatal work has been started.

(3.) Two dental clinics have been held, each of which covered the entire inspectorate.

(4.) Eye-glasses have been provided for many for whom this would have been impossible were it not for the assistance given under the scheme for consolidation.

(5.) Addresses and lectures have been given by the staff to many public bodies.

(6.) Adequate nutrition has been aided in special cases by cod-liver oil provided through the Department of Health.

Two modern rural schools have been built with every consideration to proper lighting, ventilation, and sanitation. In passing, it may be of interest to my readers to know of a good scheme for the even heating of rural schools in the coldest of weather which any local carpenter can effect at a cost of about $25. A cold-air draught is brought in under a jacket heater and a ventilator controlled by pulleys is placed in the roof. The blue-print plans can be had on application to the Department of Health, Victoria, B.C.

Other improvements included papering and kalsomining of walls and ceilings in ten schools; reflooring of six schools; repainting of schools; purchase of additional grounds for two schools; fencing and clearing grounds of seven schools; purchase of sanitary paper towels, towel-containers, toilet-paper and toilet-paper holders for thirty-two schools; purchase of water-coolers and sanitary drinking-fountains for forty-six schools; purchase of new stoves for eleven schools; and installation of electric lights in two schools.

Difficulties remaining are mainly geographical. The enormous area to be covered over the worst of roads in both summer and winter, and the very frequent inaccessibility of whole areas due to weather conditions, piling drifts of snow, gumbo mud or flooded muskeg, make work very severe and exacting. To keep strictly to one's programme is often impossible. In certain instances, therefore, our outposts are left untouched excepting for an annual visit of doctor and nurse. Other difficulties are not uncommonly met with in maintaining co-operation of parents in the observance of quarantine and in the encouragement of health principles in the home. One could wish that more home visits could be made by the nurses, but again the difficulties of accessibility and the scattered nature of the whole settlement make this far from easy.

With the sympathetic help of the former Director, Dr. J. S. Cull, and of his successor, Dr. J. M. Hershey, and with the excellent co-operation of the nurses themselves, our difficulties have been minimized, and what might otherwise prove to be an impossible burden physically and mentally has become a duty cheerfully carried out.

N. E. DUNN, M.B.E.,
Supervisor of Nursing, Peace River Health Unit.

PUBLIC HEALTH NURSES AND EDUCATION.

My dictionary tells me that the word " educate " means " to *bring* up (the child), to *train,* to *bring out,* and *develop,* mentally and morally." We note here that only the child is mentioned, what, then, of the adult? Do we as Public Health Nurses educate our adults and children as we should? Surely there is much to be done. Our time is so taken up by the common round of routine in our schools, controlling infectious diseases, etc., that often we lack time and opportunity to train our large family, the public. There are many ways. Let us consider some of them and the subjects we could present for discussion.

First, the school-child, by the teaching of positive health in all grades. Our new school curriculum certainly has made a big stride forward in the teaching of health. We nurses should not be held responsible, but should supplement the teaching of this most important of subjects from the public-health point of view.

Secondly, more should be done for our junior and senior high-school students. Here we should teach home-nursing and child-care. The boys also should have the same opportunities, especially home-nursing. This could be done effectively through the Boy Scouts' Association. The boys can then earn their Missioner's Badge, the girls, Junior Red Cross certificates, and Girl Guides, their badges. I am glad to note that the new course of studies is making it compulsory for these subjects to be taught. I have been giving these courses for several years and always have very keenly interested students. Also the question of sex education should be taught in Grades VIII. and IX. Personally, I have never had any difficulty in teaching this subject as I have had splendid co-operation from my principal and the parents. I have used the following books with success: " Growing Up," by Karl de Schweinitz; The " Three Gifts of Life," by Nellie M. Smith, A.M. Other groups can be formed, such as youth clubs for older girls and boys of high-school age, also for business girls.

At these groups we discuss: Home-nursing; child-care; sex education; mental hygiene.

Thirdly, we come to the much-neglected adult group. On the Continent and in England much has been done for adult education for several years. Alberta and other Provinces of Canada have been doing splendid work through extension courses from their universities. Last year the extension department of U.B.C. started a course of lectures for adults, and are continuing them this year. In connection with them, study groups have been formed in Kamloops, thereby a greater interest is created by the adults themselves.

The following are our study groups: (1) Economics; (2) current history; (3) modern literature; (4) science of public health; (5) Shakespeare.

The last three groups hold for me the greatest interest. Our Shakespearian group has derived immense value from our studies

from the works of the greatest mind in English literature; but there—this particular subject may not interest many of my readers. As a Public Health Nurse, I feel we all should have definite interests and hobbies outside of our profession. Surely with added interests we should be enriched, thereby making us of greater value to our communities. Now to our science-study group. We have several women very interested in the various angles of this most important science of public health. I am fortunate in having articles dealing with the many phases of public health. These are generously provided by our Department of Health. We read and discuss them at length. I find this group keenly alive to the value of these studies. They wish me to express their appreciation to Dr. H. E. Young for this literature.

The groups have studied and discussed with interest " The New Health Curriculum in the Schools," by Dr. H. B. King. Other subjects we are discussing are: Mental hygiene; sex education for the adult and the child; the pre-school child; child psychology; and many others. There is such a wide field to cover. Then we have the young, keen mind of the student-nurse in our hospitals. There should be found the opportunity of giving public-health lectures. I find them willing to absorb new ideas. Another good method is to write and produce short plays illustrating one's teaching. These I have presented from time to time to our parents at the end of the school term. I am producing " An Ounce of Prevention " next June, using some of my students for the cast.

I have tried to point out a few means of extending education in public health. Of course there are many more. We all have our own ways of developing and teaching, and yet we can all help each other by the exchange of ideas. Education should be the keystone of our work.

" Learning maketh the soul young, it decreases the bitterness of old age. Gather then wisdom, gather sweet fare for thine old age."—*Leonardo da Vinci.*

OLIVE M. GARROOD, R.N.,
Kamloops, B.C.

AN IMPOSSIBILITY BECOMES A SUCCESS.

A few years ago the establishment of a dental clinic in Nelson was considered an impossibility. Last year I recounted some of the difficulties we met with in laying the foundation for such a clinic. I should like now to report progress in our new undertaking.

Early last June the School Board appointed three of its members to act as a Dental Committee. Arrangements for financing the scheme had already been completed as outlined in my last article. A preliminary survey had been made by Dr. Walley, and it was the task of this committee, working in collaboration with Dr. Walley and

myself, to work out details and submit its recommendations to the Board. The plan decided upon was as follows:—

(1.) That we have a semi-mobile type of clinic, which could be transferred easily from school to school and could later be mounted on a trailer and used as a mobile clinic to serve outlying districts.

(2.) That necessary changes be made in the three schools to accommodate such a clinic.

(3.) That, as a beginning, we should carry on an educational programme for all school-children, and examine and report dental defects in all children attending our public schools.

(4.) That we would provide free dental care to all children—

(*a.*) Whose mothers were receiving mothers' pensions:

(*b.*) Whose families were on relief:

(*c.*) Who came from homes where the average income was less than $15 per month per person.

These recommendations were accepted, and Dr. Walley was appointed by the School Board to act as half-time dentist. A second-hand dental chair was purchased, together with a second-hand cabinet, bracket table, hand-piece and motor, sterilizer table, and rubber floor-mat. The sterilizer and all instruments were new. The necessary plumbing and electrical changes were made in the schools. Dental records from other centres were studied and a form designed that would best meet our needs.

The last piece of equipment arrived on the day that school opened in September, and on the next day we started our examinations. Out of 460 children attending the Central School, we found 96 per cent. suffering from dental defects. Dr. Walley gave dental talks in all rooms of the school, and by the time the examinations were finished many requests for free treatment had been received. These were referred to the Dental Committee for approval, and almost every one of the 137 submitted proved eligible. Monthly letters on "Dental Care" were mimeographed, and the first of the series were sent out at the end of September, in the hopes that the parents of children not eligible for free treatment might be stimulated into taking their children to their family dentist.

Knowing that it would be impossible to complete all the work requested, we concentrated on Grades I. and II. of the Central School, and on the two upper grades, so that next year we would have a good start both in Central School and in Junior High. Thirty-five pupils had dental work completed at our clinic, the average treatment for each child being nine 20-minute appointments. One hundred and seventeen pupils returned cards signed by family dentists, which with the 4 per cent. already found free from defects brought the number of children with well-cared-for mouths up to 39 per cent. Cards signed by family dentists are still coming in, and we feel that the percentage will be much higher by the end of this term.

On November 19th we moved our clinic to the Hume School. It required barely half an hour to dismantle our equipment and get

it ready for the transfer, and even less to set it up again in its new quarters. Two hundred and fifty children were examined, and there were ninety-eight requests for free work. Twenty-two cases were completed by the clinic and eighteen cards signed by family dentists were turned in. The work was somewhat hindered by the Christmas examinations, and many children who were examined at that time are having their teeth attended to by family dentist now.

On January 15th we moved to the Junior High School. Three hundred and fifty children were examined, and up to the present (February 1st) we have had fifty-five requests for free treatments and have had fourteen cards returned signed by family dentists. The majority of the children are still to be heard from.

A certain amount of emergency work has been done in all schools, both for clinic cases and for children who are under the care of a family dentist. For the latter, a temporary dressing was put in and the child advised to visit his own dentist after school-hours. In this way we feel that we have saved the children a considerable loss of school-time.

The dentists of the town have voiced their approval of our plan. The parents have proven both interested and co-operative. Dental health in the schools is improving steadily, and we hope in time to extend our service to both pre-school children and those living in outlying districts. In fact, we feel that, in spite of the gloomy forebodings of some of our well-wishers, we have made our "impossibility" not only a reality, but an unqualified success.

KATHLEEN M. GORDON, R.N.,
Nelson, B.C.

MAPLE RIDGE AND MISSION DISTRICTS.

The homely old "saw," "You can lead a horse to water, but you can't make him drink," is somewhat illustrative of the persuasion necessary for the carrying-out of public-health principles by the individuals in a district.

It is most encouraging that the persuasion need not be as prolonged or insistent as formerly and that results are more satisfactory. The majority still need leading, while some refuse to drink of the essentials of health hygiene and care, and some go to inferior "springs" of health knowledge. An increasing number are glad to be led, however, and are anxious to partake of the most scientific source available.

The attitude of most of the parents toward the new curriculum in the schools is an example of this. Many are very pleased indeed that their children are being taught nature, science, and health so much more basically and comprehensively. Seldom does one hear now of the complete efficacy of the three R's from parents.

The " powers that be " are endeavouring to supply at least some of the new equipment necessary to carry on the new programme. Some of them are deeply interested.

The earnestness and the endeavour of most of the sixty-six teachers to carry out the new projects is a source of amazement to me. Many have spent their own money for books or articles that would aid them in teaching the subject more efficiently. Great praise is due to these men and women for their very large contribution to the world's progress.

Knowledge of the injurious effects of dental caries, infected tonsils, defective vision, etc., is being gained by more people; also the definite need of a full and balanced diet and proper rest, as evidenced by the decided drop in the number of underweights among the school-children.

The T.B. Survey with the tuberculin-testing of 594 Japanese children by Dr. Lamb and Miss Peters last year has been a productive element in preventive education. Many are anxiously awaiting the early return of Dr. Lamb for the complete survey of all the children in the schools.

Of the 594 receiving the tests, 16.3 per cent., or ninety-seven, had a positive reaction, eighty-eight with the first dose and nine with the second dose. All of them with their parents were X-rayed and examined. Twenty-two of them, including five adults, were to be kept under observation and rechecked. One of the adults and three of the children were put on the " cure." Those on the " cure " have been faithful to their regime and examination six months after showed that they had improved.

The survey has also stimulated interest in the clinics among some of the older Japanese, a number attending the Tuberculosis Clinic in Vancouver, resulting in two more " new " cases being discovered and hospitalized and two others under observation.

Dr. Lamb's six regular clinics held here last year had much larger attendance than previous ones. Four new cases were disclosed and a number of old cases pronounced progressing favourably.

The discussion of a Public Health Nurse for each district here has become official, and the hopes are higher for the time to organize for and hold more toxoid and vaccination clinics, also for well-baby and pre-school clinics and prenatal welfare—more time to go into the homes to give information that will assist them in building and safeguarding their health and usefulness.

MARY E. GRIERSON, R.N.

THE VALUE OF AN ANNUAL SCHOOL HEALTH CUP COMPETITION.

It is always difficult to arouse interest in new and progressive ideas of health and sanitation in rural farming districts, where

things move slowly, and so often the old saying is quoted, " What was good enough for my father is good enough for me."

There is even opposition to the teaching of new ideas shown by some parents, as, for example, when one of our teachers received this letter from an indignant Italian father: " You got no business tell Antonio brusha da teeth! I never brusha da teeth, got good teeth. My sister brusha da teeth, wear them out. They all come out. You teacha Antonio read, write, not what he should do at home."

This true-incident also brings to mind that tale of the sturdy Scotch farmer, who literally " floored " the Health Nurse by doubling up a brawny forearm, saying scornfully: " All this clack aboot vitamins! Look at ma muscle, and I niver had a vitamin in ma life! "

I shall always remember the early days of rural health organization in my district, and tackling this very problem of health education with an old gentleman who had been a much-esteemed school trustee for many years. He did not believe in " This new-fangled idea of having a school nurse; they never had them in his time, and look at him! " We threshed the matter out in the middle of a ploughed field one lovely spring day. He sat on his horse-drawn disk harrows, smoking a pipe, and I stood over my shoe-tops in soft wet soil and thus discussed this important matter of Health education. After a long argument he was won over to the idea of " Giving the nursing a trial," and so the first step forward was made in that district, where now the Health Nurse and her teachings is accepted as a matter of course.

With nine other Rural School Boards to be convinced in like manner of the value of new ideas in school-health work, it was necessary to think of some project which would arouse the personal interest of both School Boards and scholars; stimulate a healthy spirit of competition between school districts, and show how much progress had been made from year to year. A school health cup competition seemed the ideal plan, and when the cup was donated by the District School and Medical Health Officer interest soon began to grow among children, teachers, and school trustees.

Much thought was given by the School Nurse as to the points upon which the competition should be based. It was necessary to evolve a plan which would bear directly on all aspects of school sanitation and health education, as these phases of school hygiene affected school trustees, teachers, children, parents, and janitors. It was also necessary to plan a schedule which would be equally fair to every child and School Board working in the different types of schools. This was indeed a problem, but finally the following schedule with thirteen main sections was drawn up; each section divided into about ten subsections, for which a rating of 100 points was given. A copy was given to all School Boards, teachers, and janitors, as follows:—

	Points.
Section I. Cleanliness of children (general), 7 subsections	100
Cleanliness of children (teeth)	100
Section II. Hygiene of the school-room, 8 subsections	100
Section III. Sanitary condition of the toilets, 9 subsections	100
Section IV. Facilities for drinking-water, 7 subsections	100
Section V. Hand-washing facilities, 7 subsections	100
Section VI. Heating and ventilation of the school-room, 9 subsections	100
Section VII. Lighting of the school-room, 7 subsections	100
Section VIII. Provision for school lunch, 6 subsections	100
Section IX. Equipment of the playground, 10 subsections	100
Section X. Sanitary condition of the playground, 6 subsections	100
Section XI. Response to health education:—	
(*a.*) Consents to goitre treatment (percentage of pupils)	100
(*b.*) Consents to toxoid immunization (percentage of pupils)	100
(*c.*) Consents to vaccination against smallpox (percentage of pupils)	100
(*d.*) Consents to tuberculin test (percentage of pupils)	100
Section XII. Results of health education:—	
(*a.*) Taking goitre treatment (percentage of those giving consent)	100
(*b.*) Immunized against diphtheria (percentage of all pupils)	100
(*c.*) Vaccinated against smallpox (percentage of all pupils)	100
(*d.*) Tuberculin-tested (percentage of all pupils)	100
Section XIII. Interest in health education, 8 subsections	100

The grading throughout the school-year is done by the School Nurse, and the itemized results published in the annual topical report, which is studied with much interest.

Some very tangible results in the different schools have been noted from year to year as a result of the rural schools health cup competition.

For instance: School buildings have been painted and repaired inside and outside. Electric light has been installed. School sanitary arrangements have been improved and necessary requisites provided. Hand-washing facilities and paper towels have been provided. In three schools running water and sanitary bubblers have been introduced at some cost to local ratepayers; in others each child has his own cup. Heating has been improved. Playgrounds have been improved and sports equipment, etc., supplied.

Rural school trustees have most certainly taken an interest and pride in trying to make their own school on a par or even better equipped than other schools in the district; this attitude in years of rural depression and scarcity of funds is most commendable, and encouraging to the School Health Service.

With regard to the children, there is a great improvement in personal cleanliness and good response is given in general to health education, an attitude which is fostered by splendid co-operation of the teaching staffs.

This responsive attitude of children and parents is well shown in the final results published in the 1935–36 Annual Report. With 808 children on the register during the year attending ten rural schools: 99.68 per cent. consented to goitre treatment; 96 per cent. consented to the tuberculin test; 89 per cent. were immunized against diphtheria.

Appreciation of the response to health-teaching in the schools has been voiced by the School Inspector and also by the organizer of the Junior Red Cross.

The value of an annual school health cup competition has thus been well demonstrated, and although the grading throughout the year throws extra work and responsibility upon the School Nurse, yet the final results are worth all the trouble taken.

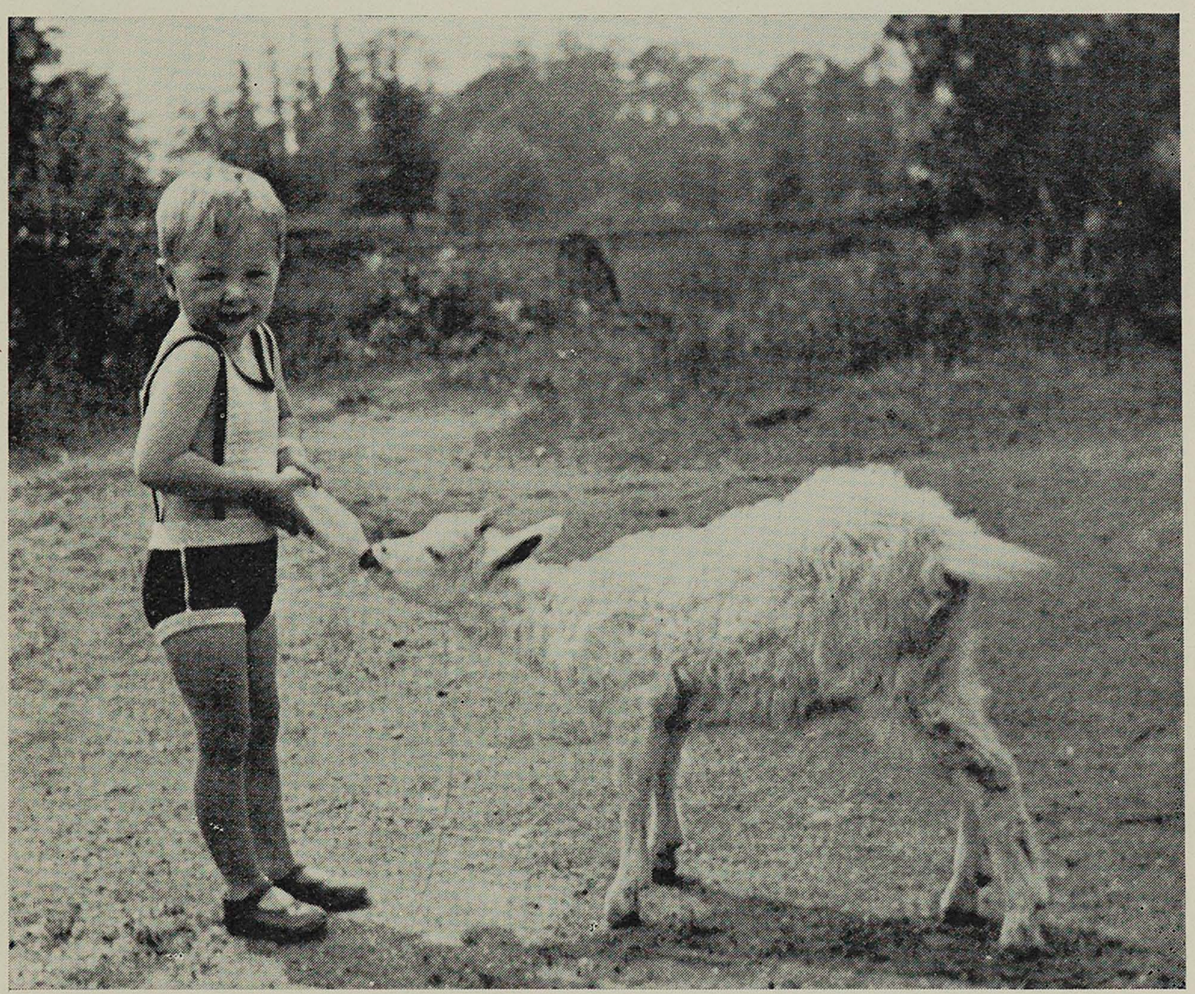
ANNE F. GRINDON, R.N.,
Kelowna Rural Schools, B.C.

AN OBJECTIVE.

When I decided to weave a few words around the above topic, I discovered that, according to the Oxford Concise Dictionary, an "objective" meant a great many things I hadn't thought about, especially in the realm of philosophy. However, I did find, tucked in almost as an afterthought, the idea I had in mind, to wit: "A point aimed at." Why that angle should be so incidental in the dictionary still puzzles me, because I thought that every one has on objective and that the Concise would have given quite a little space to its

ramifications. But isn't that typical of life? The things we revere and hold sacred are of no interest to the rest of the world.

To return to the topic, who was it said that if you aim at a star you may reach the top of the tree, but if you aim at the top of the tree you land on a lower branch? All of which is by way of an introduction to the suggestion that we nurses, of all people, should aim at an objective in life. True, the fact that we *are* nurses proves that we have attained one objective, but it is so easy to settle down comfortably and sigh—comfortably—deciding that we have got as far as we can get. We are so prone to " rust in routine " until we find uncertain relief in wedded bliss or forced retirement. How many of us vowed at



" 50-50 per cent."

graduation: " Well, here's one person who won't spend all her life just doing ordinary nursing "; and yet, ten years later, we are still at the same thing—perhaps in the very same position?

The purpose of these few paragraphs is to suggest that nurses should have an objective at which to work " The point aimed at " is purely a personal choice of course, but if it is in the field of nursing, medicine, farming, literature, business, art, or music, etc., it should most certainly be *beyond* the path of daily routine—however conscientiously we are travelling that path at present Last year a hobby was suggested as a way of relaxation—this will also apply as an objective. I wonder how many tried it!

" The final warning."

In Miss Kerr's article on " Ghosts " we are asked for contributions to her collection of " superstitions." I wonder if the old truism, " Hope springs eternal in the human heart," could be called a superstition! If not, then it is not too much to fix an objective seemingly above our reach—and high as it may be, if reaching it will be primarily for the good of society, a watchful and munificent Providence will

smooth out the path until the goal is reached. Did not Browning realize this when he wrote: " A man's reach must exceed his grasp—or what's a Heaven for? "

BERTHA JENKINS, R.N.,
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CURIOUS SUPERSTITIONS AND BELIEFS.

" Do you believe in *ghosts?* " In a deep, hollow voice, the questioner stirs our hidden fears, and we feel our hearts beat faster as we listen to awesome tales of mystery and magical apparitions. Then, when the period of tension is passed, we shrug and laugh: " But nobody really believes in those sorts of things to-day! " Perhaps not—perhaps they do. Many of us, supposedly intelligent, wide-awake, well-trained Public Health Nurses, have little secret rites we perform on occasion. Did you ever wish on a new moon? Why? Do you surreptitiously " touch wood " to offset a little mild boasting? Do you *really* believe it helps any?

Since few of us can deny we have a weakness for these superstitions, we may expect that many of the foreigners, who comprise a goodly number of our population, will present serious teaching problems because of the fears that are part of their heritage. Public Health Nurses, whose programmes are developed chiefly along educational lines, may not be confronted by so many baffling situations as their fellow-workers who include bedside-nursing in their services. However, it may be of value to try to discover what is behind the ideas and customs to which some individuals cling so tenaciously, for only by understanding them can the Public Health Nurse offset their effects upon her teaching. The nurse who is tolerant, who has taken the trouble to secure some information on these matters, and who has the happy faculty of being able to understand the other person's point of view will find that she can more readily win the confidence and co-operation of her client and that her suggestions will be received with less resentment. Success does not always follow even where the greatest effort has been used, but many times a mother can be persuaded to try the strange new " Canadian " ways of doing things because of the confidence she places in the nurse and the desire she has to please.

It is possible to mention only a few of the superstitions and customs and traditions that one may encounter. Every nurse who works among foreigners could add to the list. I should be glad to receive information relative to peculiar customs encountered in the various communities.

One of the first beliefs that comes to mind is the reference to the communicable diseases as " children's diseases." To the uninformed mother, communicable disease is as much a part of childhood as cutting

teeth. The theory that these diseases are spread by foul air, by night air, by the odours from garbage-dumps, is still prevalent despite all the teachings to the contrary. At one time the idea of transferring the diseases to animals as a method of cure was propounded. A hair from the head of a child infected with whooping-cough was placed between two slices of bread and fed to a dog. If the dog coughed, it was taken as proof the disease had been transferred to him and the child would recover.

The suggestion of the use of colour in the treatment of disease came later. It so happened that a royal prince contracted smallpox. During his illness he was clothed in red, the hangings of his room were red, and all who attended him wore red clothes. Should any one question the efficacy of red since the prince recovered? Does not grandfather still derive greatest benefit from red underwear in the winter-time?

Another fallacy we frequently encounter is that scarlet fever is spread through the agency of the desquamated skin. A sheet is frequently suspended in a pan of lysol solution to act as an effective barrier in a doorway. Can you visualize the micro-organisms mounting the particles of dead skin as an Arab his steed and galloping through the doorway?

How many people still believe that lockjaw is caused by cutting the tissue between the thumb and the index finger? The whole germ theory of disease is disbelieved by some who demand something more positive by way of proof than microscopic organisms that are too small ever to cause much trouble.

Perhaps the most interesting superstitions centre around the maternal cycle. Almost every foreign woman longs to become the mother of a male child. Deified personages have received the prayers and offerings of women all through the ages. The Romans had five or six goddesses who performed various offices in this connection. In even the more primitive races stress is laid upon the importance of satisfying every wish the pregnant woman may express regarding food. This woman must avoid all fright, or the child will die; she must not bathe, go to a funeral, catch her breath, or cross her hands over her heart lest her baby should develop heart-trouble.

During the confinement many special precautions may be taken. A razor-sharp axe suspended beneath the bed will cut the pains. No dusting or sweeping should be permitted in the patient's room, is another belief. Dust in the air provides a medium through which the evil spirits can approach the mother. The Hebrew mothers dreaded in particular, Lilith, the legendary first wife of Adam who is always working mischief. If a baby smiles on a Sabbath night during the new moon, it is a sign that the enchantress is playing with it. In order to drive her away, one must tap the baby thrice on the nose and utter rude words to its tormentor. Even greater than this fear is the dread that Lilith will come during the labour and steal

the child. As a protection against this she hangs prayers of deliverance on her bed and the walls of her room.

One should never admire a pretty foreign baby, because of the jealousy such expressions may excite among the evil spirits. Near-East people offset a stranger's unwelcome praise by spitting on their infants. Irish mothers mention the name of God in speaking of their children, as otherwise He may punish them for boasting. Brightly coloured beads and other charms may be fastened to the person, crib, or carriage of an infant to deflect the evil glances of the spirits.

These are only a few of the beliefs that might be mentioned. What ones have you found? Let us make a collection of them and so help each other in the solution of the difficult problem such superstitions present.

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WHAT DO YOU REALLY DO?

How many times have we heard: " I have often seen the Health Centre and the nurses driving about, but what do you really do? " This is quite a conundrum.

Several years ago, in an annual report, our aim was stated to be " to improve health, prevent disease, and mitigate suffering throughout the district." Although this is still our object, such a trite reply is inadequate. Our monthly reports are full of statistics, quite uninteresting to the average person, for how little they convey! They show that we do some bedside-nursing; infant, pre-school, prenatal, and postnatal visits; social service and school-nursing with its many problems; but in addition there is a great variety of unclassifiable things that never appear in reports.

This is the story behind what fell into the category of a social-service visit. In the wee small hours one October morn we had an epochal visitation. Answering a loud peal of the door-bell, we were confronted by two policemen bearing four naked children. Imagine our consternation! It appeared that the parents were suffering from some religious delusion and found it necessary to strip themselves and their family of five children, aged 7, 4, and 3 years, and twins of 18 months, and to take to the woods.

The police had answered the call of a passer-by and had managed to pick up the four youngest and to bring them into town to our care. We had just acquired an oil kitchen range and we were more than thankful for the plentiful supply of hot water. The order of the day, or rather night, was mustard baths and hot milk all round; then a search in our " poor and needy " cupboard for something resembling nighties. The children, after this, were put to sleep on chairs, the chesterfield, and a cot in our living-room.

While all this was in progress, one of us climbed into uniform and started off with two car-loads of police officers to the scene of the birthday-suit ceremony in search of the others. Imagine if you can the feelings of the nurse when, as the cars stopped, the hope " that shooting should not be necessary " was voiced. Then, as the men were disappearing into the surrounding bush, one said: " You won't be afraid to stay alone will you, Nurse? " Imagine the darkness and solitude in the country at 3 a.m.

After much searching, the father, mother, and eldest child were found and transported back to Duncan, where the latter two were left in our care at the Health Centre, where they were visited by the doctor. More baths followed, and after giving the mother a sedative we made sure all were asleep. Bed for us was out of the question by this time, so after partaking of coffee two of us set off for the home to gather any available clothes for the morrow.

Realizing that the farm was deserted, we rummaged around a bit more until we found and armed ourselves with some chicken-feed and sallied forth into the barnyard, calling " Chuck, choock " in the approved fashion. After an unsuccessful effort to find the cows, we appealed to a kindly neighbour, who agreed to take charge. Then back home to spend the day caring for and keeping track of our large family until they could be transferred to other care. The day was ruined as far as routine work was concerned, and it was early to bed for all that evening. And so, back to normal.

Clothes are always a problem. But have you ever tried to outfit a family of eight children on $50? Try it some time if you think it is easy. Even try to get clothing for three little ones on $10, or a layette on $5. These duties have fallen to our lot within the past few months. Then, to climax all, we were called upon to produce clothing for a body fifteen minutes before the funeral as the family had failed to appear with the desired articles.

Our " poor and needy " cupboard would be a gold-mine to the owner of a " Used Clothes Emporium." The positively wild ideas entertained by some good-hearted souls about what would be useful to needy families affords us much amusement. The accumulation of hats, " holey " shoes, out-of-date clothes riddled with moth-holes, not to mention the conglomeration of corsets, is priceless.

The Health Centre functions also as a clearing-house for produce—from thoughtful farmers to less fortunate families. Occasionally there is such an inundation that we cannot cope with it. At one time we had a pile of forty-two vegetable marrows waiting for homes. However, there is real satisfaction in knowing that we can always obtain fruit and vegetables when the need arises.

Occasionally we request definite articles through the local press. Recently a call came for a baby-buggy. Within two days we had a really marvellous assortment—some with and some without wheels.

Another phase is that of an unofficial employment bureau. Given a little time, we supply almost everything on demand—from practical

nurses, housemaids, housekeepers, companions, caretakers, to farm-hands. Then, too, we must find homes in town for expectant mothers waiting to enter hospital.

Some even think we provide a free transportation service. One hopeful individual once was very vexed when we refused to convey her to a settlement 20 miles distant when the snow was so deep that even the bus service was disrupted. It seems hard to make all realize that, though we " just drive about," our time is more than fully occupied.

Kindly neighbours add to our troubles. With the best intentions they ask us to call on some one in their district. They do not realize that we cannot always just walk into any home. Sometimes such calls are answered only to find that the report was quite unjustified and the time spent is practically wasted. However, remembering the cry of " wolf, wolf," all calls must be answered.

All in all, we lead a very varied life here in Duncan. There is very little we do not do, but it all adds to the zest of the work and makes for a better feeling in the district, opening more doors to our work. The original question is still unanswered, but I wonder if any one could ever really classify everything in this large field of endeavour.

H. KILPATRICK, B.A., B.A.Sc., R.N.,
Supervisor, Cowichan Health Centre, Duncan, B.C.

JUST ONE CALL.

A message comes in to the nurse. She is wanted up at Yapp Alley.

" Yapp Alley," to the uninitiated, is the name given to a little Finnish settlement situated about 1½ miles up Cowichan Lake from Youbou. The frame houses are built identically, in a straight row along the west bank of Cottonwood Creek. There are two ways only to get to Yapp Alley—either by boat up the lake or, and more usually, by walking along the railway. Just now the tracks have been ploughed clear by the train and have a bank of snow from 2 to 4 feet in height on both sides.

The nurse sets out about 3 o'clock in the afternoon of a day early in February. The air is balmy despite the snow; the mountains arounds are shining in the light of the setting sun.

As she goes past the mill she notices a water-tank—a mass of huge icicles. Peering under the tank, she can almost imagine herself at the entrance of a huge cavern in some far-off glacier. The ice has that clear blue colour that is only found where ice is translucent. Proceeding up the track, the nurse sees the steam from the engine of a train ahead of her and fervently hopes it will stay where it is until she crosses the trestle over the Cottonwood. However, it is not to be—down comes the train and she is forced to leave the track

and take refuge in the bank of snow. Fortunately it is not very deep—only up to her waist. She stands there with snow filling her gum boots and melting clammily down the backs of her legs while the train lumbers slowly by; then, floundering out of the snow, she sets off once more.

Crossing the trestle in safety, she encounters a further obstacle in the shape of an engine, a snow-plough, and a number of flat cars that are drawn up across the only road to the houses that she wants to reach. She stands for a few minutes at loss and slightly confused by the chuffing and hissing of the big engine.

A kindly trainman notices her dilemma. "Want to cross, Miss? Just a minute, and we'll couple up and move the cars." He signals to the engineer; the cars are coupled and move past. She crosses quickly and goes down the trail to her destination.

Two hours later, her work done, she comes back to find the same train drawn up, facing the opposite direction. There is nothing but a bank of snow, 4 feet high, all along her side of the train. The only path is across the track.

"Come through this way, Miss. The men are eating and the train will be here half an hour yet." Looking toward the voice, she sees one of the engineers above her in the cab, leaning down with outstretched hand. Pushed from behind by a sectionman who had just come up, and pulled by the engineer, she reaches the floor and passes through the cab, to be assisted down to the trail on the other side. The sectionman is on his way home also, and as they walk down the track together he regales her with a thrilling story of three cougars he had shot on the mountain above them just the evening before.

About a mile farther down they come upon a string of ten flat cars. There is no way to go around, so, assisted once more, the nurse scrambles up and they walk along the top, leaping from car to car. They must hasten now to reach the siding before another train comes. As the train approaches, the last few steps are taken on the run; the train passes, then it is a clear road home.

The nurse thanks her companion and bids him good night, reflecting to herself how often she meets with such kindness and help as she goes about her work among the people of the district. Climbing the stairs to her room, she notices how the light is fading and stars are beginning to twinkle in the clear sky to the east. Another day is ended—another call has been answered.

ANNIE S. LAW, R.N., B.A., B.A.Sc.,
Youbou, B.C.

PROBLEMS OF DISEASE-PREVENTION.

Disease-prevention—one of our primary reasons for existence—remains a difficult problem under conditions present in the Peace River District.

Prior to 1935, when the Health Unit was organized here, many cases of communicable disease went unreported. Some still go unreported. Due to distance, difficulty of transportation, and scattered population, communicable disease, even when reported and seen, has often almost passed the recognizable stage. The supreme confidence of the settlers in making their own diagnoses and prescribing treatment fills a poor Public Health Nurse with awe. Most of their mistakes are made in being too careless. The idea is very prevalent that " the children may as well have it and get it over with." The method of isolating a case at home is often impossible when one realizes that many of the homes are one-, two-, or three-roomed shacks. There are no isolation hospitals where one might send the stricken member of a family. Also it is frequently impossible to see the case more than once during the course of the disease. All directions *re* care, isolation, quarantine, etc., must be thoroughly given and thoroughly understood at this time. These and other reasons make disease-prevention a " bigger than ever " problem here.

It is interesting to note some special conditions with which we have been confronted. During 1936 a few scattered cases of scarlet fever were found. The reaction of the general public was very marked. Many voluntarily brought their children for immunization. There was much talk *re* closing schools, methods of fumigation (?), periods of quarantine, etc. Many residents still firmly believe that only their having had an old tin of lysol or creosote solution continuously boiling on the stove saved the family from complete obliteration!

Undoubtedly every one was very much frightened of scarlet fever. It proved a good opportunity to teach and demonstrate methods of prevention and control. Talks were given in various schools and at Women's Institute meetings. The value of reporting and isolating suspicious cases early was stressed. One might cite several cases which occurred during the year wherein we were wholly successful in controlling spread of disease. This included cases of measles, mumps, and chicken-pox as well as scarlet fever. In each instance the case had been reported very early to one of our staff. Measures of control were enforced and the results proved satisfactory. One began to feel, with some assurance, that an epidemic would not be possible here. A great deal of toxoiding and vaccinating had been carried out. People were enthusiastic over this and a great deal of literature and information *re* spread of disease in general was disseminated.

Suddenly we were surprised to find that cases of rubella had been at large, unreported, and had spread the disease very thoroughly throughout one country and one town school district before discovered; no one seemed much disturbed. It was " only the German measles," yet school attendance was markedly affected for a month or more. In three known cases children were seriously ill with conditions evidently influenced by rubella, and still much comment and criticism was aroused when methods of control were insistently applied.

Although, at the time of writing, the disease has reached epidemic proportions, we endeavour to remain calm and composed. We suppose rubella will gradually die out as such things do. Conditions have been controlled in so far as possible and we have learned another valuable lesson. It is impossible completely to control spread of communicable disease unless we have 100 per cent. co-operation from every one. Many are unaware that neglect to report cases is liable to fine or imprisonment. Education to recognize early symptoms is essential. Early reporting of any suspicious case would often save much trouble later. People must be made aware of their responsibility in the above respects. In teaching health in schools we should stress these matters. Our future citizens will benefit if they early develop this sense of responsibility. Parents and teachers are often almost totally uninformed. Surely we, as Public Health Nurses, cannot too often discuss problems of disease prevention.

RITA M. MAHON, P.H.N.,
Peace River Health Unit.

JUSTIFICATION FOR THE APPOINTMENT OF A SOCIAL WORKER TO COMPLETE THE HEALTH AND EDUCATION PROGRAMME IN THE PEACE RIVER DISTRICT, B.C.

Discussion of work in the Peace River District of British Columbia must be preceded by a brief description of the country because of its geographic and economic position. It is a valuable wheat-growing area situated about two-thirds of the distance northward on British Columbia's eastern boundary. The only outlet for its product is via rail to Edmonton. In fact, the only reasonable means of access to the rest of British Columbia is by rail or road through Alberta. This isolated area is roughly 2,000 feet above sea-level and comprises some 6,150 square miles, deeply gouged by the Peace River, traversing it from west to east, and its many tributaries. The communities are widely scattered; the main roads graded, but ungravelled on the whole, and transportation difficult and various due to rain, mud, snow, drifts, and ice. The few original settlers of 1911–12 were augmented in 1919–20 and again in 1928–29. At this time there was a great influx of settlers from the dried-out areas of Southern Alberta and Saskatchewan. Some of the latter had known the amenities of life, and, far from young, are valiantly making a second start in a pioneer country. Many more, the invariable transient lured by glowing tales of easy wealth, and still others, the poor, we shall always have with us. To date, save in a few cases, all the homestead buildings are of logs and there are many sod roofs to be seen. The home is usually one room which may or may not have a partition. The chief social pleasures of the people are the local fair in summer and an annual round of dances at Christmas-tide, with the occasional dance between

seasons. Twenty miles is no deterrent to such pleasures, but of necessity in many instances the whole family must go and the return trip is delayed till dawn breaks. In the year 1935–36 the estimated population was 9,000, including 1,400 school-children and 1,000 pre-school, and there were sixty-five school districts.

In 1934–35 a consolidation scheme, which is a Larger Unit of School Administration, with one Official School Trustee, who is also the School Inspector, came into being. As a direct result of money saved the Peace River Health Unit was launched September 1st, 1935, with grants from the Rockefeller Foundation, the Provincial Departments of Education and Health. This Health Unit is a decentralized organization of the Provincial Board of Health, which acts in an advisory and supervisory capacity. There is a full-time Medical Health Officer, four full-time Public Health Nurses, and three part-time nurses, one of whom is a Public Health Nurse. Each nurse has a given number of school districts and makes her home as central to her area as possible. The health programme is a generalized one, save for bedside-nursing, which is only done in emergencies. An active immunization programme is well under way now and, owing to association with the consolidation of schools, free dental clinics for school and pre-school children have been organized each year, and some very necessary tonsillectomies and eye-glasses have been obtained, the parents co-operating to the extent of 50 per cent. of the cost. The home visit, I feel, is the most important factor in the work to-day for a number of reasons. First of all, it is a background to the health picture presented by the school-child. Secondly, the actual type of living-quarters and the homestead environment are deciding factors in what the nurse may hope, at present, to achieve in her teaching, whether in the home or in the school. Thirdly, it serves as a valuable contact with the father, young adults of the family, or other grown-ups, some or all of whom appear from an apparently uninhabited landscape, following the arrival of the nurse's conveyance, be it car, sleigh, or democrat, or be it simply herself on her own two feet. Once contacted thus, the future holds many opportunities for health talks, in meetings along the way or at the combined store and post-office on mail-days. Fourthly, with the number on relief almost decimated following the good crop this year, the home visit is the only way of ferreting out prenatal cases.

Other Government facilities are handled through the Government Agent and the police. Among these are Relief, the Infants, Mothers' Pensions, and Children of Unmarried Parents Acts, etc. Not infrequently the local Public Health Nurse is asked by Government departments, neighbours, or the Church to report on some home. More often that Public Health Nurse feels her hands tied in trying to put over her health-teaching, due to the social and economic problems already obtaining in the home. An official investigation demands special training in social-welfare work and uninterrupted time for the case. The first the Public Health Nurse does not boast; the second

is often difficult because her time is limited by a definite programme of duties. On the other hand, this same nurse traverses her area each month, and through her contact with the school and its teacher she is fairly well posted as to any trends that may be developing in the homes. In at least one area, where there is a " red " element, a moral laxity has crept into the social life of the people and serves as a bad example for the school-children. The isolation and drudgery of homestead life seems to take its toll in the development of mental cases. Now the distance from the Peace River District to Vancouver or Victoria requires at the minimum ten days for a reply by mail in summer, fourteen days or more in winter. Neglected children and delinquents must be sent out to Vancouver with a matron, entailing great expense to the Government because of the distance, time, and rail transportation. Should an experienced Social Worker, with transportation allowed her, be posted in the Peace River District, at least some of the social and economic problems could be straightened out before the situation came to a head. A truer picture could be obtained in questions of relief, mothers' pensions, etc., than that gained at present through the eyes of the police or Public Health Nurse, and greater justice would be done. In cases of neglect it would be possible in certain instances to obtain suitable foster-homes in a distant part of the Peace River District itself. These could be supervised by the Public Health Nurse under the direction of the Social Worker, for the foster-child would be the nurse's school or pre-school child. After all, these children come from homesteads, and if retained on homesteads will probably develop into as good farmers and farmers' wives as their more fortunate neighbours' children. Why should they not remain in this district instead of being sent to a city?

The Government has seen fit to develop in this isolated area of British Columbia two departments from the past—the Larger Unit of School Administration and the Decentralized Health Unit. The former is in its third year, the latter in its second, and both are apparently justifying their existence. The work, however, might be advanced with the co-operation of an experienced Social Worker, and it is legitimate to believe that, under the circumstances, the service of such a person would pay for itself.

L. MALKIN, P.H.N.,
Fort St. John.

VERNON.

Looking back for a few years, I feel that public health here has expanded from year to year, and this last year, despite an epidemic of measles in the early part of the year, has been a good one from a public-health point of view.

During this past year we have had voluntary hospital insurance in this district. Many of our poor people have taken advantage of

this. As this includes treatments, I find our skin-diseases among the children, especially impetigo, are clearing up more quickly with the use of our hospital quartz lamp. Also more diseased tonsils are being removed than formerly.

Dental work is being carried on as usual, our Dental Fund taking care of the teeth of the majority of our needy children. We are finding fewer teeth to fill each year, and our work seems to be changing from a corrective to preventive dental work.

Home-nursing classes are carried on too. We have two a week, when possible, throughout the school-year.

This year we intend to procure glasses for those needy children who have defective vision. A drive has been started to raise funds for this purpose, and we are meeting with a great deal of sympathy and support. A committee representing our local benefit societies, clubs, etc., is being formed, and sufficient funds are in sight to take care of all these cases that do not come under or who are not helped by the Institute for the Blind; our aim being to provide glasses when necessary as soon as defective vision is recognized.

We also are in the midst of a toxoid campaign, and when we finish this we will vaccinate in the spring. We vaccinate our receiving classes and what pre-schoolers we can each year, and henceforth we intend giving toxoid to our receiving classes each year as well. Of course, many of these may have been toxoided as infants, but we intend doing the "left-overs" each year as they come in to school.

In my visits to the homes of our new Canadians, I notice in many cases an increased interest in British customs and a greater desire on their part to improve their standards of living through education. They are getting outside their own narrow circle, and I think the Public Health Nurse appreciates, probably more than any one else, in the rural districts, at least, that these people, poor though some of them are, are contributing a vast amount of wealth in colour, art, music, etc., to our Canadian life.

E. MARTIN, R.N.

TIME IS MONEY—ABSENTEES.

During the last four years in which I have served in the capacity of School Nurse in the City of Kelowna, I have kept records of attendance of the school-children. I have come to the conclusion, which is shared by all teachers, that school-time has a commercial value to the pupil which is seldom appreciated by the child or his parents.

With this point in mind, a great deal of our efforts have been directed at improving poor attendance. There are two reasons for this improvement—one from the school point of view, with which we shall deal at length in this article, and one from the public-health point of view, which is also most important and which has a great bearing on the situation. The public-health point of view is of course the fact

that in checking absentees one is certain to find communicable diseases in their infectious stages, and one has therefore more opportunity to check its spread.

Every morning each teacher sends a list of absentees to my office; wherever possible the reason for absence is noted. These lists are checked every morning. At the moment, with an epidemic of mumps on the wane and intermittent cases of 'flu, we have had over 200 children out in Grades I. to VI. Each child's parent is telephoned or visited unless the child has a reliable brother or sister at school, when they are asked. Daily-attendance graphs have been kept for three and a half years. You will understand that with 200 children away there will be a good many of these in homes where there are no telephones, and also where there are no other brothers or sisters; these cases entail an immense amount of work and time, because all the visits have to be made on foot and the town covers a distance of at least 9 square miles. Checking up attendance has loomed very large in my day's work for some time now.

During this four-year period we have been unfortunate in that we have had numerous epidemics, the most outstanding of which was that of infantile paralysis in September and October of 1934. This was the only time that the schools were closed, and then for three weeks. There were sixteen cases of infantile paralysis and one death; none of the children who recovered developed any serious after-effects. We have also had to contend with mumps, measles, whooping-cough, chicken-pox, and an occasional case of scarlet fever, two cases of typhoid, and those annoying skin-diseases, impetigo and scabies. I expect the majority of my fellow-workers have been called on to deal with one or all of the above mentioned at some time or other.

Absence in the winter and spring is due usually to sickness, but in the fall we have a problem which to date has not been solved—namely, that of school-children looking after younger brothers or sisters while their parents are working at the cannery or packing-house. Many children in this way miss as much as two months of school at the beginning of the term. The only solution for this problem is a suitable crèche in which small children could be cared for all day. Local organizations have been approached with this idea, but they all feel it is too large an undertaking.

Absentees can be divided into the following groups: (1) Those who are ill; (2) children whose help is required if there is sickness at home; (3) children of parents who do not realize the importance of education; (4) children who play "hookey."

Of the above classification, the third is the most dangerous and very often they are responsible for creating such a poor mental attitude to school; it is small wonder that they complain that their children gained very little from education in the elementary schools. Another source of trouble is parents who send children with a rash or other symptoms of infectious diseases. They are also responsible for a great loss of school-time.

I have tried with the data at my command to work out the cost per child per day. This, I realize, can only be an estimate, because the personal factor does enter into teaching more than many other professions. An instance: A lesson has been taught to twenty children out of a class of thirty. That lesson must be repeated for those ten children who were away, and this usually has to be done in school-time. The saying, "Time is money," is as applicable to school-time as to any other time. With a total attendance of 1,153 pupils in Grade I. to Senior Matriculation, the cost *per capita* per day is 33 cents. All expenditure, including sinking fund and interest, came to $73,500.

The *per capita* cost is of course based on the whole school population, but the graphs and average daily absentees of which mention is made are statistics from one school—namely, the elementary, with an enrolment of 663 pupils. The general trend of a graph of absentees in the elementary school is also applicable to the general attendance in all schools, especially if there are infectious diseases present.

Enrolment fluctuates with the years and school costs have their "ups and downs"; so for matters of comparison over the last four years we have used the *per capita* cost for 1935–36. The greatest number of absentees in one day was on March 11th, 1935, when there were 350 children absent. The cost for this day alone was $116.60. For that month of March the average daily number absent was 248; the cost was $82 a day, and for twenty-one days the cost amounted to $1,722.

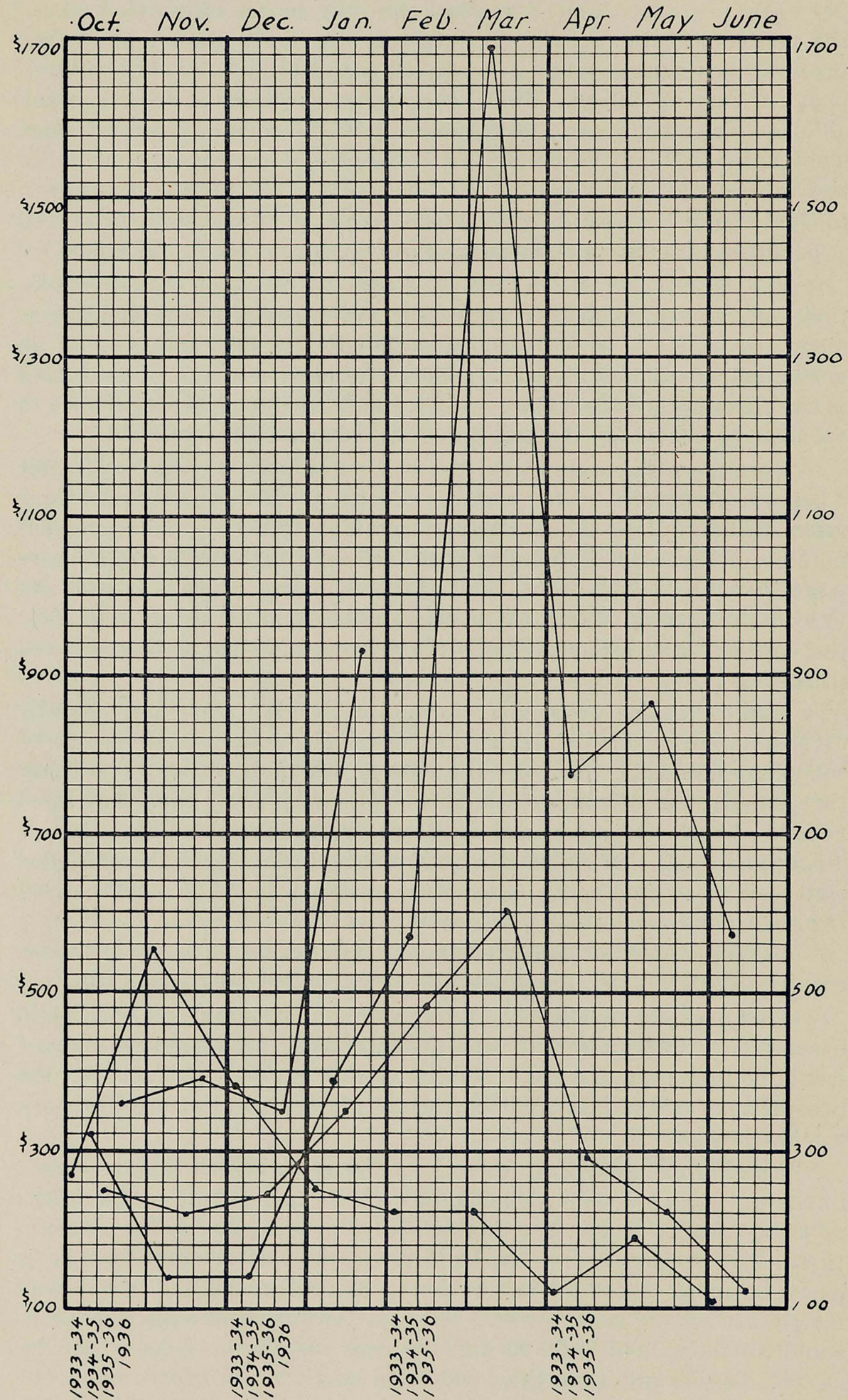
Looking at the problem from another angle: Consider a family of four children, one of which has developed mumps; he is out of school for ten days (school), the cost of which is $3.30. The other three children may come to school for twelve days and then they must remain out of school for sixteen days, or twelve school-days, which amounts to $12. If these three children do develop it in orthodox time (eighteen days), the quarantine cost will be $4.95 and the cost for each child while they have mumps is $3.30—$9.90.

Total cost to city and Government: First case, $3.30; quarantine, eighteen days, $4.95; three mumps cases, $9.90; total, $18.15.

This does not include the all too common occurrence of each child becoming ill with mumps at separate intervals, in which case the cost would be increased greatly. Neither does it include the fact that the breadwinner of the family is very often infected and is unable to work for two weeks.

Another example of an infectious disease in which time is a most important factor—whooping-cough, with its quarantine of six weeks or thirty school-days. For contacts of whooping-cough the quarantine is two weeks, and if the child develops it after that time he is excluded from school for six weeks, so altogether he has to be away for eight weeks of school-time. The cost for one child with whooping-cough to the school is $9.90 and the cost for eight weeks is $13.20.

Endless examples of this kind could be given. Unfortunately the loss is not only that of school-time, but in many cases the child's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health is seriously impaired by these infectious diseases and in this way his work at school is seriously affected. The above examples apply only to one family or one child, but if there is an epidemic present figures can be multiplied a hundredfold.

Consider the following:—

Average daily cost—		Cost per Year.
1933–34	$13.53	$2,191.86
1934–35	31.35	5,548.95*
1935–36	16.50	2,706.00
Average for five months, September to February, 1936–37	26.40	2,490.60

The problem of absentees is a large one, and one with which it is very difficult to deal under the present system. It must be remembered that it is up to all parents of school-children to make themselves responsible for daily attendance for their children. This should not of course be carried to a point of fanaticism; if a child is ill he should of course stay home, but that is really the only valid excuse for absence.

The graph on page 40 represents average monthly costs beginning in October of each year.

M. C. Miles, B.A.Sc., R.N.,
Kelowna, B.C.

CHILLIWACK.

The incidence of slight thyroid in the Fraser Valley has been an ever-existent problem. It has been a challenge to all interested in the welfare and health of the children. The number of cases found in the schools was so great that it was determined to have thyroid tablets given in the class-rooms as a preventive measure.

In 1933 arrangements were made with a local druggist for the nurse to procure the preventive tablets at a cent apiece. These tablets were sold to the children for the same price, but with the stipulation that twenty-five tablets be bought and taken one a week in the class-room.

During the first year of this work, naturally, the response on the part of the parents was not as great as desired. Only 152 pupils of approximately a thousand deemed it worth trying. Possibly many shied from " those new-fangled ideas."

The next term saw a vast improvement, chiefly due to the nurse's forethought in mailing explanatory letters. These letters pointed out the fact that treatment was given goitrous cattle. Then why not wise in humans? Immediately the number of pupils taking the preventive treatment rose to 490.

The school-year 1935–36 showed a little more improvement, bringing the number to 504. In this term the means of obtaining the tablets changed slightly. It was found possible to procure " the choco-

* Just school-time.

late-coated candies" from the Provincial Board of Health at the low cost of forty for 15 cents.

With three years' work, the public's awareness of slight goitre and its possibilities has been gratifying. As a result of this attitude the improvement in the children's condition has been so great that it has not been thought necessary to continue with the tablets; instead, iodized salt for use in the home is now advocated.

One of the two Mennonite districts in the valley proves an example of the advance obtained. This area lies at the eastern end of the Sumas reclaimed area.

In the school-year 1935–36, of the then existing school population of 121, sixty-two children showed signs of varying degrees of slight thyroid. Compared to this, fifty-eight consented to take the preventive treatment.

The year 1936–37 has shown an even greater advance. Of the present 140 students, forty have slight goitre. This means that twelve have been cured and only six new ones found (the new ones are from the Prairies). The remainder have noticeably decreased in size.

A very interesting situation has arisen during this term. At the present we can boast that 58 per cent. of the children are now in the habit of using iodized salt extensively in the home. The teachers have found that the work done in this line has been well repaid. Several of them have remarked that the general result in school-work and behaviour has been noticeable.

If three years can do this, then we hope and believe that several years of continual attention will show itself and become obvious to the skeptical.

EVA MOODY, R.N.

GENERALIZED NURSING SYSTEM.

During the past year the generalized nursing system in Nanaimo has been undergoing a period of trial. Previous to this time the two nurses were doing specialized nursing-work. The School Nurse looked after the school-children, about 1,100 in all, and attended the baby clinics; while the Public Health Nurse looked after the remainder of the work, which included prenatal, bedside-work, maternity cases, infant and pre-school, tuberculosis, mental hygiene, and the clinics.

A year ago it was decided to ask two adjacent districts—namely, Harewood and Nanaimo Bay—to come into the nursing system. These districts were to have a demonstration of the nursing-work for six months, at the end of which time the ratepayers were to vote on whether they would accept the service; and at the same time Nanaimo itself was to try the generalized nursing system for a year.

The first step was to organize a Public Health Board. Under the specialized system in Nanaimo, a committee of interested women, or the Nursing Council as it was called, directed the nursing-work, and

now the committee had to be extended to take in these new districts. Consequently two members were chosen from each School Board, one from each Parent-Teachers' Association, two from the Nursing Council, and the Public Health Nurses. Although a new Board was formed, the Nursing Council remained intact to carry on clinic-work.

The work under the generalized system is divided so that each nurse has her own work in her own district. One nurse looks after Nanaimo as included in the city limits; the other has Nanaimo Bay and Harewood. In order to divide the work more equally, the nurse in the outside district has included in her work the city high school and the Indian reserve, with the result that each nurse has approximately 700 school-children under her supervision. Besides the schools, each nurse has the T.B. cases, prenatal, infant and pre-school, maternity cases, bedside-care, and mental hygiene in her own district. Included in this programme are clinics taking care of the different phases of the work; e.g., dental clinic once a week, chest clinic under Dr. Kincaid once a month, child-guidance clinic under Dr. Crease once a month, and infant and pre-school clinic once a week. Besides this baby clinic there are held monthly a Chinese and Indian clinic.

From December to July several public meetings were held in the outside districts, with either Dr. Young or Dr. Amyot in attendance. The purpose of these meetings was to explain the nursing service to the public, the cost, and to answer any questions they might ask. Education of the public was accomplished by dodgers, sent home with the school-children, press correspondence, and actual conversation with the people. In the meantime the nursing-work was being carried out in the schools and homes, and, through this, much education was done and a splendid contact was made. At the Parent-Teachers' meeting several talks were given.

The six months of trial soon slipped by and the long-looked-for day in July came when the districts were to vote upon the service. Those interested could not see how the districts could possiby turn down such a service, and they were not disappointed as the nursing service again won its case, and thus Nanaimo has added two districts to its nursing service and has for itself the advantages of a generalized nursing system.

MAXINE MORRIS, B.A.Sc., R.N.,
Nanaimo, B.C.

DAY BEFORE CHRISTMAS.

There goes the telephone. "Is that the Health Centre? Can one of the nurses come over right away; Johnnie has a rash and I don't know what it is."

"Has John been in contact with any infectious disease?"

"Oh, no; two weeks ago he slept with his cousin, who developed measles the next day, but he hasn't been near him since." Ugh!

"Well, put John to bed away from other children and I will see him this morning."

The phone again: " Is that one of the nurses? This is Mr. A., of the Christmas Cheer Committee. About that family of Burns with eight children; it has been reported to us that they are always well dressed and really do not need a hamper."

" We are acquainted with the family, Mr. A., and know that the mother makes all the children's clothes from cast-offs from friends. She is a very industrious little body and a hamper would be much appreciated, for they have nothing extra for Christmas."

" Very well, then; we will send them a hamper, for you know best."

The bell again; this time the door—a lady with a parcel of clothes for some needy child. While this one is being taken in, the telephone rings again, more door-bells, more phone calls—for this is the day before Christmas.

Being visitors, we ask: " Is it always as busy as this? "

We receive the laughing answer: " Not quite so bad, but it is a great life."

There are only two nurses for the holiday and they started their day early, and will apparently have little leisure all day as there are nursing calls to answer and hampers to be delivered to several out-of-way places.

The hall was not quite so full of parcels as the office, which had every nook and cranny full; however, it was necessary for one to step carefully. " This one is for Mrs. Brown when she calls; this for Mrs. White; and probably Mrs. Black will be in for a small bottle of Friar's Balsam for Johnnie's cold. These others we will deliver. Please write all messages in this book and one of us will be in from time to time." So ran the instructions, for we were to be left in charge. " What happens if an accident is brought in? " we wail. " Send for the doctor " is laughingly called back as the cars speed away.

The kitchen table is piled high with white gifts brought in for the nurses to distribute to the needy of the district. These are unpacked between answering the many calls of door and telephone. Our voices must have sounded very professional, for some of our callers started explaining their ailments before we could make them understand that we were only visitors, and ask them: " Will you leave your number, please? "

" It wasn't until 1.30 p.m. that the nurses returned and came flying in for a hurried meal, which, like all others, was interrupted by phone calls. They left again almost immediately, and when we had recovered our breath, so to speak, we washed up and tidied things away. There followed a lull of nearly half an hour. What can have happened? But—there goes the door-bell again. A Chinese boy with a parcel for the school nurses. Ginger, I believe.

And so it goes until the nurses return late in the afternoon. Their big hope is that no one has been forgotten and that all will enjoy a Merry Christmas.

N.B.—This portrayal of our Christmas rush was the impression gained by two visitors who took the calls for us the day before Christmas.

I. McMillan, R.N.,
Cowichan Health Centre.

PUBLIC HEALTH ACTIVITIES, NANAIMO INDIAN RESERVATION.

Included in the public-health programme of Nanaimo is the very interesting work on the Indian Reservation. It was a long, hard grind to dispel the resentment of the Indians toward—what they thought—the intrusion of the Public Health Nurse. In fact, it is still very evident in some families. Nevertheless, the majority appear to welcome the nurse and to benefit from her teachings.

The most important phase of work is, of course, the school. Children, about forty in all, from both the local and up-the-river reserves attend. The chief difficulty is the irregular attendance. The parents do not seem to realize the importance of uniform attendance—the most trivial reasons are adequate to warrant absence from school. Moreover, as soon as the fishing season opens, whole families, including the youngsters, pack and travel up-river. As a result duplication of work is necessary when it comes to weighing, measuring, physical inspections, etc. These difficulties, though, are only minor details compared with the difficulty of preventing and controlling the skin-infections—namely, impetigo and scabies, and, worst of all, pediculosis. The children suffering from these infections are not excluded from school. To do this would in no way lessen the close contact of the children. To have them at school facilitates the nurse in treating the cases. Three visits a week are made to carry on these and any other treatments, check up on absentees, when possible, and to carry on a further school programme.

Another definite feature is the infant and pre-school programme. Once a month, in the school-house, is set up a clinic, to which the mothers come to have their babies weighed, and to receive advice from the nurse and doctor, the latter giving a thorough examination at each visit. Strange as it may seem, the mothers regard this as a wonderful piece of service. At our first clinic a few of the mothers, when they saw the doctor, went out to bring in one or two of the more uninterested mothers. Although the clinic is held once a month, any necessary visits are made to join together the stray ends.

Needless to say, tuberculosis is fairly prevalent among the Indians. At each monthly chest clinic, Dr. Kincaid usually examines several suspects and contacts from the reservation. Difficulties arise now from all sides. With two or three families living under one roof, it is very difficult to trace the contacts and then to isolate the infected. And to complicate matters, even at the best of times, two or three visits are required before the Indian realizes that the nurse means business.

Now the prenatal programme. This is extremely slow, for the simple reason that the young mothers are under the thumb of their parents and grandparents, who, after giving birth to a dozen (more or less) of their own, believe that they know sufficient. To cite an example: Just recently a baby was born under the care of the grandmother after detailed arrangements had been made for the doctor. Three days later the nurse, making what she thought was a prenatal visit, found the mother already up and the baby getting along splendidly.

It is evident that there is plenty of room for advancement in the public-health programme on the reservation, but the nurse has to go very, very slowly. Nevertheless, with the splendid co-operation she is receiving from the Medical Health Officer, the future looks bright and rosy.

MADELEINE PUTNAM, B.A.Sc., R.N.

A CITY UNDER A COMMISSIONERSHIP.

The early years of the depression made a very deep impression upon the lives of the people of the City of Fernie. Fernie is a coal-mining town and has no other industry, so, when oil-burners came into being for factory and railway use, there was a great slump in coal and Fernie suffered more severely than most coal towns.

At that time we had the usual form of municipal government, with its attendant expenses, regarding salaries, and also the usual political issues. In January, 1935, we reached a climax, and it was realized by the citizens of Fernie that drastic changes were imminent. At that time North Vancouver was under the administration of a Commissioner, and affairs there were progressing very satisfactorily. It was decided to place Fernie under the management of the same Commissioner, and the new dispensation came into being with the former City Clerk in the position of Acting-Commissioner under the direction of the Commissioner residing in Victoria.

This system automatically did away with the former machinery of government—namely, the Mayor and Council, Police Commission, and School Board; vesting all power in the hands of the Commissioner. Expenses were cut down in a marked degree, especially in regard to salaries. The School Board ceased to function as such, but with our very alert and able Inspectors, and an equally alert principal with an efficient staff, all educational matters are well and ably directed.

The town is policed by the Provincial staff and relief conditions are probed by the Provincial investigators. A member of the Provincial Social Service looks into the pension and neglected-children cases, and the health of the schools, communicable-disease control, etc., are under the management of a member of the Provincial Public Health staff.

Before the slump in coal-mining Fernie was as prosperous and progressive as any place in the Province, with a vast pride in itself as a city. Its machinery of government is unequalled by any other city in the Province—namely, administration buildings, post-office, city hall, schools, banks, coal company's offices; and its hotels, stores, and homes compare satisfactorily with other towns. When we realized that the slump was here to stay, it looked for a time as if we were a doomed city, as there was practically no source of revenue, with the exception of the taxes, and even these could not be met by the people who were forced to go on relief.

We do not say, of course, that a city runs better under a Commissionership than in the old way, but we do know that affairs have run smoothly, the expenses of administration have been cut to the minimum, political issues have been eliminated, and duplication of services and records no longer exists.

Business is carried on as usual and repairs are undertaken. One building taken over by the city for taxes has been utilized as a community club, where badminton, basket-ball, and other games are carried on, and tournaments are held with teams from other towns. Other buildings were torn down and a school-house built, in which to house the newly reopened home-economics and manual-training departments. A gymnasium has also been added to the school, with a fully qualified physical instructor in charge.

We have also organized junior high in our schools and it is working out very satisfactorily. All the grades from VII. up now have the advantage of the instruction of experts in their particular subjects, and we all feel that the more gradual progress of the student from elementary to high school, through the junior high, will be very beneficial, especially from a psychological view-point, as many mental adjustments made at an earlier age and in a more gradual manner will be much more readily assimilated.

This paper sounds more like a discourse on municipal and educational conditions than a health paper, but these conditions, along with mental hygiene, go to make up the health conditions of a community. Our new organization has created a vastly co-operative reaction from all sections, and the physical health of both staff and students is as good and better than in previous years. Also, our name is more conspicuous by its absence in the communicable-diseases reports than most places.

I hope that this account of a town under a Commissionership may be of interest to some of our readers.

WINIFRED SEYMOUR, R.N.

THE KIN KIDDY CAMP.

This, as the name implies, is a summer camp for children, under the sponsorship and supervision of the Kinsmen's Club of Chilliwack. Its young and ambitious members could surely find no other project

worthier of their energy and able efforts, and the interest they show in its advancement and promotion is to their credit as men and citizens.

The camp was established about six years ago at Cultus Lake, which is a lovely spot and a summer resort, at a distance of about 8 miles from Chilliwack.

In the beginning the camp accommodated about twelve or fifteen children, and naturally all the conveniences and necessities could not be provided at first.

As time went on the camp grew, and is now an imposing structure valued at $1,000, with accommodation for about thirty children and for the staff in charge. Last year a kitchen was built on at the back of the building proper, replacing the kitchen previously used, which was separate, small, and far from convenient. There is also a large dining-room, which also serves as a recreation-room, which has a fireplace and is supplied with a radio loaned by some interested citizen. There is also an electric washing-machine and an electric pump furnished, as well as a kitchen range and a good-sized sink.

Daily delivery service from the town of Chilliwack is provided. Vegetables and fruit are donated by farmers during the period the camp is active. Contents from 500 boxes of cereals were consumed last year, as well as a daily consumption of 100 lb. of Edenbank milk, and the menu is varied and interesting as well as nourishing.

The School Nurses select the pupils who go to camp. Tuberculosis contacts are the first consideration, and underprivileged children from homes on relief or from poor homes comes second. Sometimes there is a little difficulty in selecting these, and usually the same families are represented each year at camp. Last year there were about twenty-eight children, half of which number are city children and half being from the municipality.

The staff consisted of a man in charge, and one year a woman in charge of the girls' activities, and a cook.

The camp is open for a month, usually from the middle of July to the middle of August.

The routine is like that followed in most rest sanatoriums. The children arise at half-past 7, breakfast is served at 8, and the rest period at noon for an hour and a half, with the hour of 8 p.m. set for retiring.

Each child is required to take a few personal belongings. These include a blanket and a bathing-suit and a change of underwear, and the rest is supplied by the camp; a uniform for all the youngsters; towels are provided. Soap is supplied by one drug-store and tooth-brushes by another.

A nurse keeps an eye on the camp and a doctor is supposed to drop in every day for general supervision.

The children play and swim and hike. They are weighed and measured regularly and records of these are kept. But the big change lies not in their increased weight, which averages 5 lb., as it does in

their attitude in general; their increased vitality after the first week or so; their improved appearance of brighter eyes and better colour; their greater ability of adjustment to new conditions and new playfellows.

CLAIRE TAIT, R.N.,
Chilliwack, B.C.

NEWS LETTER FROM KEREMEOS.

As I look back on the last six months, I feel that they have been very full indeed; full of activity and interest.

This year we branched out a little and added Hedley School to our district, so now I have four schools—Keremeos, Cawston, Olalla, and Hedley. Hedley is a booming mining town and fortunate in having very progressive and splendid community men in charge of mining operations.

Also are we fortunate in having a local Health Officer very keen on public health; so I feel that my task is unusually easy, simply carrying on what every one thinks is the right thing—namely, teaching health in the community.

At first I did not know just where to fit Hedley School in, but I found a day, the first Monday in each month. I weigh and measure all children (about 100) twice yearly and give out weight-cards. Then each month I weigh the primary-room and underweights and give a physical examination in the intermediate grades. I give a health talk to each room at the beginning of the term on the health rules, and after that as often as is necessary. I get a list of absentees on each visit and call at these homes, thus getting acquainted with the parents; and the parents, through me, with the conditions at school. The attitude of the people is splendid.

In October we did a tuberculin test on all our school-children. Almost 100 per cent. consented to this test. Reactors are being taken to Penticton or Princeton for a check-up. Some went in the fall; others will go this spring.

A case of measles cropped up in Keremeos High School early in December. All non-immunes were infected, but through good co-operation on the part of the infected homes the disease did not spread into the other rooms at school. As a precautionary measure for the rest of this season, with the consent of the Health Officer and the approval of the teachers, I made the rule that any one with a cold or a cough must stay home for four days. In that time symptoms have subsided or show a definite trend.

In the spring I am planning a toxoid clinic, taking in Keremeos, Cawston, and Olalla. We do this every two years, our birth-rate not being very high. This seems to keep us protected.

B. THOMSON, R.N.

PREVENTIVE NURSING.

In a recent number of the *Canadian Nurse* there appeared an interesting article entitled "Helping Marjory to get Well." The writer derived a great satisfaction, as result of the many weeks of labour, in the recovery of one who was so severely injured. Seeing such patients recover and return to their homes and normal life is the greatest reward that curative nursing produces, and that is great indeed; but how about "Keeping Marjory well"? Is there not a thrill in that also? To the nurse who has had experience in both the curative and preventive fields, I think that seeing most of the Marjories and Johnnies taking their places without having had mishaps produces a very great satisfaction.

The writer of the article, referred to above, tells what she learned from the case, but does not refer to what Marjory learned from the experience. The patient had to learn through bitter pain, to say nothing of the expense, that it is very dangerous to use kerosene on a fire. Would that she had learned the lesson in an easier way!

In caring for the sick and injured, do we think enough about how the misfortune might have been prevented? John is recovering from pneumonia; do we think how the whooping-cough which resulted that way might have been prevented? Mary is getting over scarlet, but do we know where she contacted the disease? It sometimes becomes a satisfaction to the Health Nurse to have helped to get Mary isolated when the first signs of the trouble appear, and joy is hers if no other member of the family or class comes down with the disease.

It gives even greater joy to the Health Nurse to see all the children free from infections, for she can devote her time to spreading the good news that Mary need not have diphtheria, T.B., and many of the other diseases that still cause a great deal of suffering and expense. She can teach Marjory the dangers of using kerosene on a fire, and John's and Mary's mothers receive information on preventing scarlet and whooping-cough.

When the School Nurse sees reports of "all present" at school, she then has time to turn her energies to plans for keeping up that record by the various means. She gets great joy from notes like this: "Dear Nurse,—John has a slight sore throat this morning, so have kept him in bed and away from the others till I see if anything further develops. If so, I shall call the doctor and report to you later.—Yours, Mrs. H." Although we are sorry John has not remained in perfect health, we are glad to have such co-operation from parents. Widespread health-consciousness of this kind in parents would soon put Health Nurses out of their positions; but, alas! both preventive and curative nurses are still needed. When shall we all become unemployed because everybody is careful?

We must still keep on guard and help to mend the rents of mishaps and illness so long as we allow these enemies to remain, and get what satisfaction we can from service to others, hoping that " Each to-morrow finds us farther than to-day."

M. A. TWIDDY, R.N.,
Penticton, B.C.

SAYWARD.

We have had quite a strenuous winter—lots of snow and some very cold weather, making it impossible to get around. It is not the amount of work; it is the time it takes to get around this time of the year. We are very fortunate in one thing in this isolated district—we do not get a lot of " infectious diseases."

In the spring and fall we usually have a certain amount of influenza. This last two weeks we had " measles " brought in by one of the young adults who had been visiting Vancouver. So far there have been no other cases outside of his own home; his two brothers and sister have contracted it.

As regards " goitre," some of the school-children have had the iodine-tablet treatment for prevention of goitre. There have been no cases of goitre in the children since I have been in Sayward, which is seventeen years.

As far as co-operation of the people is concerned I am sure the majority of them appreciate the services of the Public Health Nurse. There are always a few in these small out-of-the-way places who have very peculiar ideas as to what a nurse can do and should do. I do what I think is best and what I can.

In Sayward the Public Health Nurse is somewhat different to other places. One has to go places, anywhere, anytime, and do anything.

There is no doctor to call on, except the doctor on the " Columbia Coast Mission Boat," who visits once a month; not always that, as weather and S.O.S. calls always have to be taken into consideration. In cases of emergency I can usually get a gas-boat to Rock Bay Hospital, about 20 miles from here; even that sometimes is difficult as the gas-boats are not always in running-order, and then the only other recourse is to wait for the U.S.S. Co., which only comes twice a week.

E. M. WALLS, R.N.

NOTES OF AN ESQUIMALT RURAL NURSE.

The Esquimalt Rural Nursing Service is representative of what is being done south of Duncan towards that better-health scheme on lower South Vancouver Island. It is the nucleus of what we hope will follow later—a unit, not unlike that of Saanich, fortified with a

full-time Medical Health Officer, with its two or even more fully trained Public Health Nurses. It seems to me that progress made by a committee and the public can be termed concrete, but by a nurse more often abstract and totally eclipsed if she allows it to be "bulletinized." However, there are a few significant changes on the Island comparable with those of the Mainland, and, figuratively speaking, cutting our own cloth a little less material is wasted. Some of our biggest problems have been essentially local and are problems which we have made every attempt to solve ourselves.

First and foremost, in addition to our executive and council, we have a nursing committee, meeting regularly once a month to discuss the particular problems which are daily confronting the nurse. Up to October, 1936, the nurse was a very much disjointed factor as far as the committee was concerned and her presence not required at a meeting. It was with a great deal of effort that new clinics were established, boundaries extended; consequently her progress was slow.

Following in the wake of the new committee, the nurse's equipment was brought up to date; secondly, the new record system has been introduced in part, the binder to follow later on an instalment basis; thirdly, the school service has been extended to the children from this district attending Victoria High School. The follow-up service initiated by the city nurse is completed by the rural one. Epidemics which extend to us from the city in this way, as, for example, our late measles epidemic, are now being checked before many more children are endangered in the country. Fourthly, a loan cupboard was suggested, filled, and kept intact by the nursing committee itself. At the same time an additional fund has been set aside for miscellaneous emergency needs. At all times the E.R.N.S. has been mindful of the indigent, stimulating and assisting when it has been advisable to do so. Sixthly, the committee has stressed the need for more home visits and fewer transportations. It seems advisable to encourage neighbours and friends to help; in the long run more real good is done for the community. Seventhly, fees are payable for visits made to the acutely ill, providing they are in a position to pay. Responsibility of the patient recovering is placed on capable members of the family. The majority very readily accept this care, with a new interest, when instructed by the nurse, who is able to make a seemingly unpleasant task interesting.

The Public Health Nurse in Langford is somewhat of an intermediary, procuring assistance for the undernourished, finances and doctors for the correction of defects. Eighthly, standing orders are to be revised by the new committee and the nurse. Up to the present orders have been verbally given by doctors over the telephone, which from the view-point of the nurse might some day prove very unsatisfactory.

Our greatest difficulty is no doctor in the district. A patient taken to a doctor's office must often wait for a considerable time. Sometimes, to offset this difficulty and to ensure a nurse's speedy return to her

district, responsibility has been assumed by the housemen of Jubilee and St. Joseph's Hospitals. Immediate care has been taken of the patient until assumed by the family doctor.

Lastly, Dr. Grant and the medical men of Victoria and districts adjoining have worked together and held regular meetings to advance methods of communicable-disease control. A very close watch has been kept on the district with regard to streptococcus throats and ear-infections. There has been careful observation of the relationship of school attendances and disease in the respective districts.

Such a measure would prove somewhat satisfactory with regard to the Public Health Nurses. The suggestion has already come from Miss Young that we form a discussion group. A number of the nurses from Saanich, Esquimalt, Rural Esquimalt, and Victoria Centre have already expressed a willingness to co-operate. This should make more uniform our methods of approach and eliminate the unnecessary pit-falls of the nurse who is working alone.

The institutes have, as follows, grown in the extent of their usefulness: Shirley has asked for another clinic and promised to follow up recommendations given by the doctor. Happy Valley and Langford have jointly supported in the past one infant and pre-school clinic; now they have two, one in each district, every other month.

The first toxoid and vaccination clinic, supported by both districts, will be held in Langford on February 13th. A lively interest, too, has been exhibited by the Parent-Teacher Associations; cocoa at noon hour, toothbrushes for distribution, and added equipment for the schools. Through their efforts a first-aid course was sponsored this winter and also occupational courses given to the girls. Last year they canvassed the district to bring in the nursing service, when otherwise there would have been no district nurse; with this stimulation of interest, the following year the difficulty had been almost overcome.

The Canadian Legion, too, has played a part, significant to its members, the returned men and their families.

Educational material has been provided from various sources, which we are attempting to use to further elucidate for the teachers the health programme laid down in the schools.

I think we, too, have made the turn.

DORA WILKIE, R.N.

TOXOID AND VACCINATION CLINICS IN WEST DISTRICT OF PEACE RIVER BLOCK.

I have been in this district just a little over a year and can see many problems which apparently for the time being have no solution, but there are other problems which can be worked out.

I think the most valuable piece of work done here was the toxoiding and the vaccinating of the pre-school and school children. When people live in remote places, 50 to 100 miles from a doctor

or hospital, it is satisfying to them to know that they need not worry about the dreaded diphtheria and smallpox.

The doctor and I arranged a very systematic programme for the twelve schools in the district. The work was to be begun the first week in August and completed by the end of September.

At the beginning of our work the weather was glorious and roads excellent. We completed the first inoculations very successfully. Three weeks later our second series was equally successful. One would be led to suppose that the tales told of transportation difficulties in the " Peace " were a myth.

However, when the time came for the third series of inoculations, things looked vastly different. The morning of September 14th, 1936, found us trapped in our homes with about 3 feet of snow. This made travel impossible and operations were postponed for a week. When this time came, another picture of transportation problems came to the fore. While the snow had gone, the roads were now converted into veritable seas of mud. The doctor started out in his car in spite of it, but after 10 miles of travelling in low gear he was forced to give up.

Our work was not completed until December 15th, and, in spite of all difficulties, the records of toxoid and vaccinations at the end of 1937 are something like this: 68.6 per cent. of all school-children toxoided; 62.6 per cent. of all school-children vaccinated; 62.6 per cent. of all pre-school children toxoided; 50 per cent. of all pre-school children vaccinated.

There was very little opposition to our work. The greatest difficulty is to get to the places to do the work. The majority of the people are very glad to have their children protected from every disease possible.

PAULINE YAHOLNITSKY, P.H.N.

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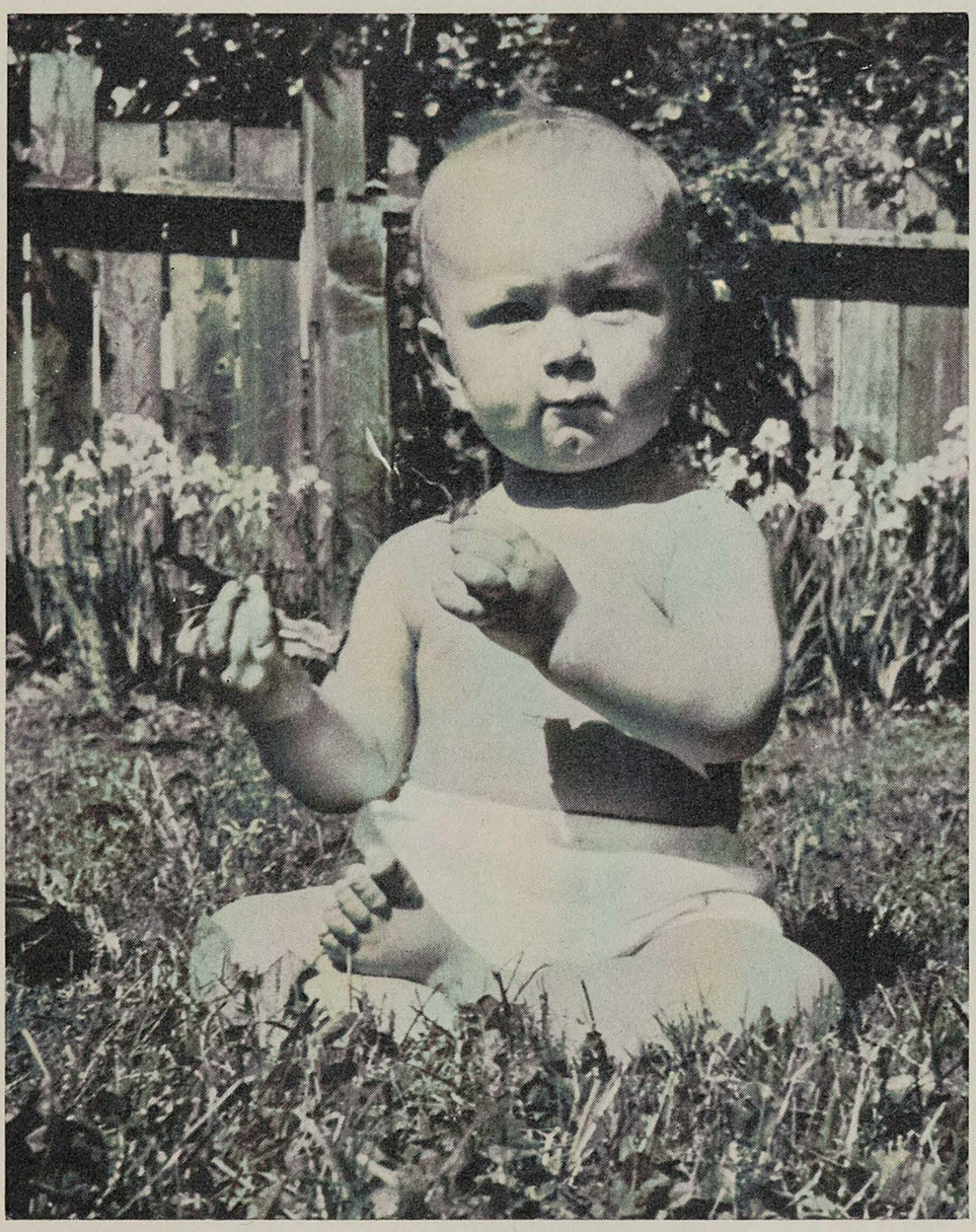
EDITORIAL.

The request for articles for the NURSES' BULLETIN comes around as regularly as Easter does; but we seem to prepare for Easter with much more gusto than we prepare for the BULLETIN—naturally! However, as one nurse to another: Do you not get tired of reading repeated yearly reports in the BULLETIN? We are all engaged in the same type of work; we have all done tuberculin tests; we are all conducting clinics of various types, and are all carrying out a conscientious preventive public-health programme—BUT we can all read the sum total of this work in the annual report issued by the Board of Health. Why, then, fill the one magazine of the year with so many rehearsals of our daily routine activities? So many of us have done just that.

For the benefit of nurses all over the Province, each nurse should submit, for the BULLETIN, a serious—or humorous—article of definite professional or secular value so that each of us may refer to it for information and relaxation. The BULLETIN has been published for fourteen years, and it is a poor commentary on our progressive public-health work that we cannot produce something that could be read with enjoyment. We owe to the Board of Health a tangible return for privileges received, and in what better way could we express this than by making this a REAL BULLETIN?

B. J.



"Hello, Nurse! What's your name?"

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NORTH VANCOUVER EYE CLINIC.

The North Vancouver Health Unit, in common with other organizations of similar nature, has experienced a certain amount of difficulty in correction of physical defects. During the regular physical examination of school-children we found that a fair number had defective vision. Defective to such an extent that it was materially retarding their school progress.

Since the Health Unit is concerned not only with the school-children, but with the health and welfare of the community as a whole, many adults and a few pre-schools came asking us to help them get a proper eye examination and glasses.

For a few years after the inception of the Health Unit we were able to send these cases to the Out-patients' Department of the Vancouver General Hospital. But, due to the enormous pressure of work at that clinic, it sometimes took months to complete an examination. Then one sad day we were told we could send no more.

In December, 1934, an eye clinic was organized under the auspices of the North Vancouver Health Unit. Through the generosity of the North Vancouver General Hospital, in which our offices are situated, we were allowed the use of the X-ray room in which to hold our clinic. Our own two offices, and at times the waiting-room in the hospital, serve as waiting, admitting, and treatment rooms. By treatment is meant the dilation of the pupil of the eye with homatropine and cocaine disks. All patients under 40 require this dilation. It is really surprising the number of women who do not mind admitting they are over 40!

Having no eye, ear, nose, and throat specialist in North Vancouver, we were obliged to go farther afield, and one from Vancouver consented to come over to assist us.

The financing of the clinic is, of course, a difficult matter. The city and district agreed to pay one-third of the usual fee for examinations of all people admitted to the clinic who are on relief. But in this, as in any other, community there are numerous people needing attention who are in circumstances little better, if any, than those who are receiving municipal relief. These people are examined at the clinic through the kindness and generosity of the attending physician.

Payment for glasses presented another difficult problem. The North Vancouver Kiwanis Club was approached and agreed to pay for the glasses for school-children. The Canadian Red Cross Society also consented to pay for five pairs of glasses a month, provided that three of this number were for those for whom the Canadian Legion, War Veterans, or the Army and Navy League would ordinarily assume some measure of responsibility.

We average ten examinations at each clinic. These cases are not all for refractions, because people with various conditions of the eye, ear, nose, *and* throat are referred to our clinic by the doctors in the community.

Since the eye clinic has been established 112 children have been examined, each making at least two visits. The eyes of 103 children have been refracted. The remaining nine children had various conditions of the eyes, ears, and nose. One hundred and fifty-five adults have visited the clinic, 129 of which have been cases of refraction and 26 have been cases suffering from other pathogenic conditions of the eye, ear, nose, or throat.

N. E. ARMSTRONG, R.N.,
North Vancouver Health Unit.

WATER PROBLEMS IN A RURAL AREA.

One of the many public-health problems centres around water, or the lack of water. While water may actually cover three-fifths of the entire earth's surface, it is not always accessible or drinkable.

Water is not technically a food, but it is an essential part of the diet. In addition, it bears an important relationship to personal hygiene, inasmuch as it is necessary for the maintenance of proper cleanliness of the person, the clothing, and other conditions of one's surroundings.

In making a survey of the school area water-supply ten of the nineteen schools had tap-water, two had water carried from near-by streams, two from neighbours' wells; the remaining five used pumps. When water samples were taken and sent to the Provincial Laboratory for tests, only one well was found to be free from fæcal bacteria and five taps and fountains.

One did expect the tap-water to be free of fæcal bacteria, but when three taps from the same water-supply showed the presence of fæcal bacteria it created an unpleasant situation, for the source of the supply had been considered to be pure. After a thorough investigation, much consternation, and further tests, it was decided that the water was only contaminated temporarily. Further investigation showed that the fountain, after having several positive reports, tested negative after it was pulled apart and thoroughly cleaned.

Even though wells have been rebuilt and repaired and thoroughly pumped out and chlorinated, some later showed the presence of fæcal bacteria. This makes us consider the conditions caused not only by sewage, but by birds, mice, etc.

Even though a well seems a safe distance from a toilet, if the dry toilet has been in use twenty-five years, and the cribbing and lining of the once good well has given way, perhaps this, too, may cause recurrence of the fæcal bacteria in the water sample.

The rebuilding of wells is not as simple as it sounds. In the first place it is an expense, especially in gravel. Recently one well was dug in the gravel area, and the first few feet cost at the rate of $1.50 per foot. When 124 feet was reached below the surface they drove a pipe yet another 7 feet. This was not a cheap well; but owing to water being very scarce in the district the expense is inescapable.

It is rather embarrassing when letting people out of quarantine and telling them to shampoo the hair, take a bath, etc., to have them say: "How can we; we have no water? We have to carry it for half a mile."

One often takes it for granted water is available. With many large families living on gravelly land, with very small homes and the barest necessities, the idea of a bath is more often a fad than a fact.

With the installation, where necessary, of wash-basins, sinks, and paper towels in schools, many children are now proud of their clean hands.

J. M. ARNOULD, R.N.,
Matsqui-Sumas-Abbotsford Area.

A RURAL BABY CLINIC.

Out where the sun is a little brighter and the air a little purer, one finds health. Country babies are, on the average, very healthy, but there are still many problems that confront the rural mother. We find, too, that much of the recent knowledge concerning preventive medicine and infant-feeding are quite unfamiliar to her. To bring this more recent data into the country home, and to stress the relationship between proper diet and gain in weight, it was felt that a weighing-station for babies would be of advantage in the Municipality of Chilliwack.

In organizing such a clinic in the winter months, one would necessarily encounter difficulties. Not alone because of the inclement weather and impassable roads, but also because of the fact that the farm-houses are scattered and walking to the nearest hall usually means a distance of one or two miles. Few families can afford the luxury of a car.

In spite of these drawbacks, our first clinic was held in Atchelitz District. The various organizations in this community proved themselves very helpful. First, the Farmers' Institute donated the use of their hall and arranged for the heating of it on Wednesday afternoons. Then through their leaders the Women's Clubs made known the date and place of our first infant and pre-school assembly.

Announcements were also made to the school-children that they might carry the news home to their mothers. The older ones made posters and displayed them in the local store and hall.

Surely such co-operation should produce results, and we are glad to say that it did. The attendance, though small, was larger than expected, and included several pre-school children. We will particularly welcome these at our future clinics because, after all, they are in close daily contact with their brothers and sisters of school age and become possible sources and victims of disease. Education of mothers at these clinics will, we hope, reduce the instance of preventable infections in the home. For this reason, besides weighing

each infant and child and answering numerous questions, we distributed health literature.

Perhaps our present methods may not be helping those whom we most desire to help, but through the organization of this and other clinics throughout the valley we shall learn something more and profit by our mistakes. Then we shall be one step nearer our goal—namely, a well baby through a health-conscious mother.

LILLIAN BLANK, R.N.,
Chilliwack, B.C.

COMMUNICABLE-DISEASE CONTROL.

During 1937 the Oliver, Osoyoos, and Okanagan Falls District was fortunate in having no serious epidemic of communicable disease. This was perhaps largely due to the fact that parents are beginning to realize the importance of early reporting of any suspicious symptoms; and, though there were three separate outbreaks of whooping-cough and two of measles, these were all under control before more than the first case and its immediate contacts were affected. As much publicity as possible was given to these cases, in an effort to teach by example the preventive work of the Medical Health Officer and the Public Health Nurse, so that the future co-operation of the public might be obtained.

Vaccination and diphtheria-toxoid clinics occupied considerable time this year; the arranging and visiting in connection with these taking far longer than the time actually spent in the clinics. However, we were fortunate in obtaining a high attendance at all our clinics, so felt the time had been well spent. Two of the schools in the district are now 100 per cent. vaccinated, and the rest not far behind. In spite of the gloomy forebodings of the anti-vaccinationists, from whom no district is entirely free, few of the children missed even one day of school, and those who were absent were all visited to make sure there was nothing serious the matter. Later the nurse was particularly glad she had made these visits, as it enabled her to deny the occasional story she heard of "the terrible arm Mrs. Somebody had heard little Gladys So-and-so had had."

In 1937 the Government Travelling Chest Clinic visited Oliver for the first time. Previous to its arrival many of the school-children had received the tuberculin test, and all those with a positive reaction were examined. Many adults also took the opportunity to attend this clinic, and, at the request of the nurse, several Indians came down from the reserve. The only active cases found were a sister and brother from this reserve.

Though no doubt much could still be done in this direction, it is felt that something at least has been attempted in disease prevention by these efforts.

LUCY CRAFTER, R.N.,
Oliver, B.C.

THE TUBERCULIN TESTING IN NELSON SCHOOLS.

Having been transferred last fall from the Peace River, I have not yet spent sufficient time on duty to carry out any detailed programme.

What may be of interest to my fellow-colleagues is a detailed account of tuberculin testing in one school, written with the viewpoint of organization, and what may be of most help to the parents and the medical staff. Some may improve on it; to others it may be of help.

The subject of T.B. testing was introduced last year to the public by Dr. F. M. Auld, who is in charge of the T.B. work in this district. This was done by lectures and demonstration. One hundred and twenty-seven first tests were given at the Central School. This year, with the help of Dr. F. P. Sparks, Medical Health Officer, Dr. Auld is tuberculin-testing all school-children.

In the Central School of 450 pupils the T.B. testing has just been completed. The consent forms were mimeographed letters to parents. In the advance grades each pupil filled in his own, with the co-operation of the teacher and nurse. This saved much valuable time and the children enjoyed it. They took them home for the parents' signature. We had 80 per cent. consents from parents. On account of the fact that there were large numbers to be tested and two doctors were working, the class-rooms were used. We had splendid co-operation from the teachers, who acted as secretaries and carefully checked the name of the child as he was done. We found two things of paramount importance—fresh air and plenty of interesting seat-work. The seat-work took their minds off the needle and injection and kept them busily occupied. As a result only four cases out of 390 were referred to the medical room. The technique used was alcohol preparations, an alcohol-lamp for flaming the needle on a metal tray. We worked rapidly at the rate of 100 patients per hour.

All data were recorded on school cards and then filed. All doctors were notified by mimeographed letter of positive reactors. All parents of positive reactions were visited and history written up. They were asked to get in touch with their own private doctor to be referred to the Travelling Clinic. We found 13.33 per cent. positive reactors in the school.

We found this quite an amount of work but it proved so worth while.

Case A.—Six-year-old reactor. On visiting, found other preschool children. The family would give no history, but the grandmother, who lived a quarter of a mile away, had a bad cough. The children often used to visit her. In looking over our Provincial records, the grandmother was found to be a positive open case. With the co-operation of the family doctor, they were again warned of the danger the children were running.

Case B.—No family history, but the child had raw milk as a baby from a herd that was destroyed by the Government.

Case C.—Mother died at home last year of T.B. No check had been made of the three children who showed severe reactions to the first T.B. test. The mother never at any time had been admitted to the Sanatorium, and one wonders what the technique was carried out at home and also what the future holds for those three children.

These are only a few of the interesting cases that the files showed and the importance of this piece of public-health work.

Many of the parents were worried about their children and asked us to have Dr. Kincaid lecture, which he has kindly consented to do, with lantern-slides. He also wished to speak to only small groups. Two days have been set aside for school-children at the hospital for the Chest Clinic. Dr. Kincaid has asked that the nurse attend the clinic.

" It is not truth that makes men great, but men that make truth great."

NANCY E. DUNN, R.N., M.B.E.,
Nelson, B.C.

SIR TRUBY KING—A TRIBUTE.

Women all over the world know the name of Sir Frederick Truby King, who worked all his life to improve the health of children and their mothers. He passed away on February 9th, 1938, at the age of 79, after a long illness.

Dr. Truby King was knighted in 1925 for his work for child and maternal welfare. He was known as " the baby's friend," and his reputation stood so high that the United Kingdom Government once borrowed his services from New Zealand to establish a babies' hospital and mothers' training centre in England.

At the age of 22, Truby King left New Zealand to study at Edinburgh University. After a brilliant career at the medical school, during which time he won a much-coveted honour, the Ettles scholarship, he spent some years in Scotland and England. Then he studied public health and was one of the first few graduates in preventive medicine. He specialized in mental diseases. Returning to New Zealand, he held several important posts before being appointed, in 1889, Medical Superintendent of Seacliffe Mental Hospital, some 20 miles from Dunedin.

Always a profound thinker, Dr. Truby King was stirred at the amount of suffering he noted. So much, he felt sure, was preventable, and he set about finding some solution. It was his conviction that the terrible increase in mental diseases could only be stemmed by beginning at bed-rock; this is, teaching women how best to care for themselves and their children. He began by working quietly among the mothers and babies in and around the village of Seacliffe. For three years he and his wife battled without aid, fighting uphill against apathy, ridicule, and ignorant prejudice.

In 1907, at a public meeting in the town hall of Dunedin, the Plunket Society was formed. Progress at first was slow; only the few and far-seeing gave active support. But one by one the cities and towns recognized the benefits, and branches of the society became widespread in New Zealand.

By 1912 statistics of reduction in infantile mortality showed the value of the society's work, and Dr. Truby King was asked by the Government to establish branches wherever he could find women willing to undertake the management. By 1917 the work had created interest abroad, and about the middle of that year the authorities in England, appalled at the terrible wastage of infant-life there, cabled Dr. Truby King, asking him to establish his system in the heart of the Empire. Miss Nance Pattrick was transferred to his assistance. (She passed on last year after many years as Director of Plunket Nursing, and was known in Kamloops.) Their work was a success and since then Plunket centres have been established in South Africa, Palestine, Australia, Canada, and Brazil.

A great soul has passed on—Sir Truby King, C.M.G., the grand old man of New Zealand. A privileged few in Canada have known him for many years. A man, simple as only the great are, he gave his scientific knowledge freely to all. He was a man of dynamic personality filled with undaunted courage and enthusiasm. He was founder and general president of the Royal New Zealand Society for the Health of Women and Children for twenty-two years. The existence of this society was due to Sir Truby King, who inaugurated it in Dunedin in 1907. The purpose of this society has been described by Sir Truby as follows:—

" It seeks to bring simple common sense, enlightenment, and accurate scientific knowledge and conviction as to the fundamental needs of mother and child into the homes, lay and professional."

The society was started as a league for mutual helpfulness and mutual education, with the full recognition of the fact that, so far as motherhood and babyhood were concerned, there was much need for practical reform and " going to school " on the part of the cultured and well-to-do as there was on the part of the so-called " poor and ignorant."

Sir Truby King's gospel for the health of the mother and the baby has spread world wide. His system of child-care is used in many countries, including Canada. After the Great War he received a knighthood in recognition of his work for the Empire. He visited Canada in 1928 with his daughter and was prevailed upon to address the Canadian Club of Vancouver. I well remember the occasion; the great driving force of his personality, simplicity, and charm. He said:—

" Canada needs immigrants and the best immigrants she can have are healthy babies. Since coming to Canada I hear the cry, ' Back to the land, my boy.' I say to the mothers, ' Back to the breast with your babies,' for it is their birthright."

On another occasion in an address, " Progress in Child Welfare," he said:—

" The main questions are: What sort of parents and what sort of homes and environments have the rising generations had? What sort of mothers have they had? What sort of nutrition, feeding, and care have been bestowed upon them? What sort of example, education, and discipline have they had? And what sort of habits have been formed at home, at school, and at the pictures? The main thing to grasp is the fact that every child is more or less made or marred before reaching school age—say, six years from birth. These six years are of far greater and formative and constructive importance than the next sixty years of life. Not only from the standpoint of bodily form, physique, and freedom from disease, but also as concerns the mind, the moral nature, and the whole future habits and character of the individual."

Mankind has benefited by the truly humanitarian way in which he used his scientific knowledge. His motto always was: " It is wiser to put up a fence at the top of a precipice than maintain an ambulance at the bottom." His work will live for ever through healthy children, who will be a monument to his greatness.

O strong soul, by what shore
Tarriest thou now? For that force
Surely has not been left in vain!
Somewhere surely afar,
In the sounding labour house vast
Of being, is practised that strength,
Zealous, beneficient, firm.

—*Matthew Arnold.*

OLIVE M. GARROOD, R.N.,
Kamloops, B.C.

PEACHLAND-WESTBANK DISTRICT COMMITTEE.

Throughout the year we have carried on a generalized programme. Of necessity, as this district of Peachland-Westbank is more or less isolated, considerable time is spent in emergency and bedside-nursing, but many more hours are devoted to preventive work. However, because of the distance to larger towns, the incidence of communicable disease here is somewhat lower.

Pre-school and infant-welfare work consists of home visits and well-baby clinics, which are attended by Dr. Ootmar, of Kelowna. This year special clinics were held, when forty pre-school and fifty school-children were given diphtheria toxoid.

In the schools all class-rooms, including Grades I. to VIII., are now enrolled as branches of the Junior Red Cross. The children have derived much pleasure and knowledge from their meetings and health programmes. Many physical defects have been corrected and the percentage of underweight pupils has greatly decreased. Tincture of iodine has reduced the simple goitre so prevalent here.

This year our tuberculin survey revealed three boys with positive local reactions. Each was later given another examination by Dr. Kincaid, of the Travelling Chest Clinic. All three reactors had recently come to Peachland from other parts of Canada.

During September and October, when acute anterior poliomyelitis was the cause of great concern in this valley, under the direction of the local Health Officers we used the preventive nasal spray. Peachland school was closed for a short time, but the four other schools remained in session and all absentees were visited.

Our programme includes supervision of the health of the Indians on the near-by reserves. More and more the Indians are reporting cases of illness, seeking advise, and observing rules of quarantine in cases of communicable disease. When a case of measles developed this summer the infection spread no farther than two immediate contacts.

At present vaccination is of great importance as cases of smallpox have been reported near the Border. A few weeks ago Dr. Willits vaccinated many of the Indians and now we are holding clinics for school and pre-school children.

Another step forward in community welfare was the establishment of a Provincial Recreation Centre at Westbank. The good attendance is evidence of the appreciation of the young people, who greatly enjoy the evenings when Jack Lynnes comes from Kelowna to lead our group.

So with great hope we look forward to this year of 1938 for further advancement and increased community health.

M. GOWAN, R.N.,
Peachland-Westbank.

DEWDNEY HEALTH DISTRICT.

One goal, long hoped and worked for, has at last been reached. The Maple Ridge and Mission Districts each has its own Public Health Nurse, and, albeit, Mission, the smaller half as to school enrolment, had five rural schools added to it. Another goal glimpsed in the distance is a full-time Health Unit.

Maple Ridge District has had an excellent nurse all its own since January 1st of this year. The Mission District, together with the areas to the east of it, now has the title of Dewdney Health District. It is comprised of fifteen schools, in rather a scattered area, with an enrolment of 968. For the past few years I have only been able to visit each district every other month, but now I can make more frequent visits, which is much more satisfactory.

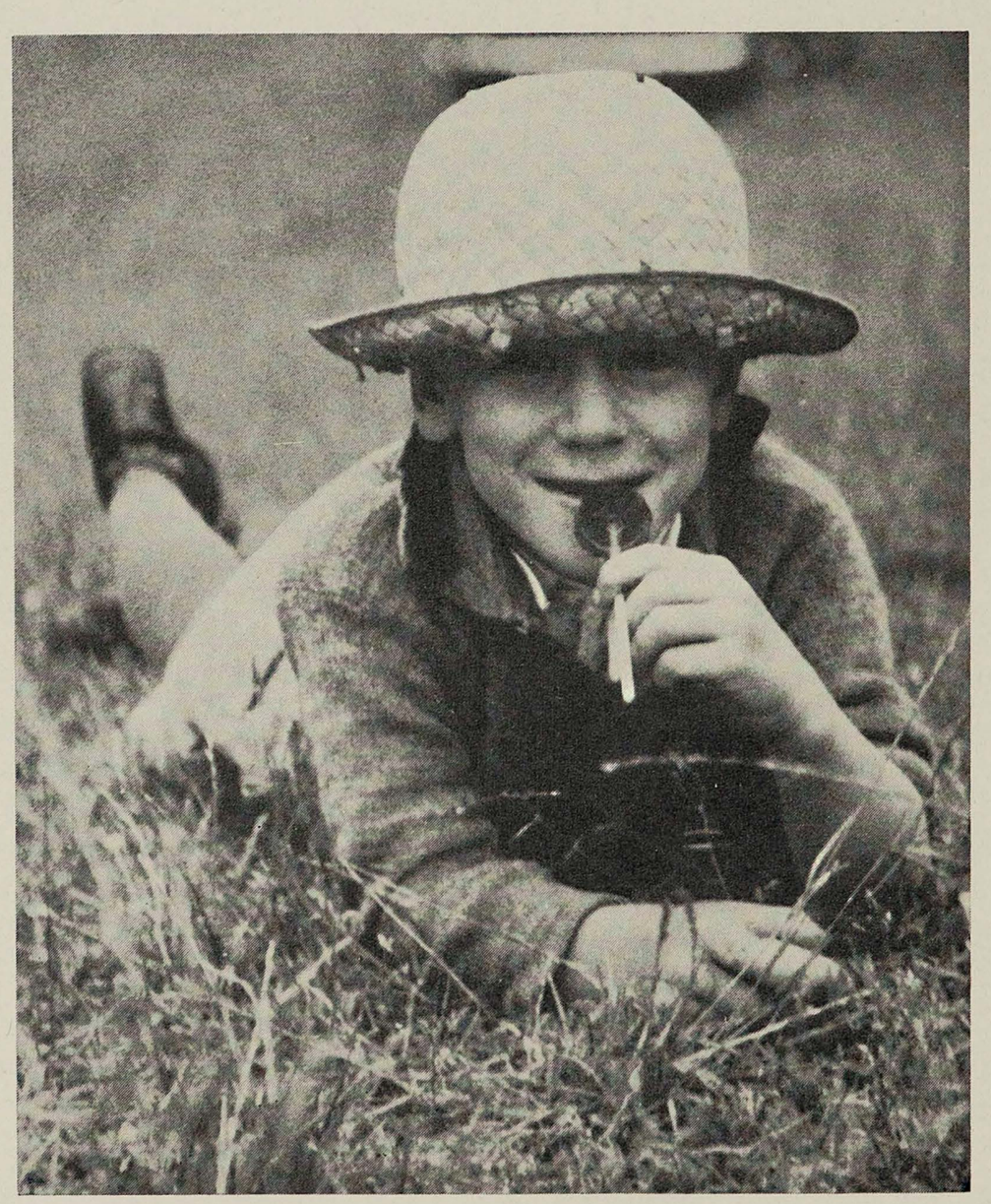
In the past two months I have endeavoured to become better acquainted with the homes of pupils, infants, etc. The first month was chiefly taken up with the five " new " areas which have not had a Public Health Nursing Service before. Since there have been no

cases of communicable diseases of any kind, I have had more time for a generalized programme than was previously possible.

Plans are being made for central office and clinic rooms, and by the next year we have high hopes that numerous clinics will be held in this area, and we hope that a medical room will soon be built in an eight-roomed school for us.

Through municipal medical fees for indigents and the assistance of the Comet Club, twenty pupils have had their tonsils and adenoids removed in the past eight months. Ten pupils have received eye tests and glasses through the School Board and twelve others have been able to assume the cost themselves. This is most encouraging and I feel as though the field is just opening up.

MARY E. GRIERSON, R.N.,
Mission, B.C.



"Yeth, I had a thwell time."

THE ORGANIZATION OF A DENTAL CLINIC IN THE KELOWNA RURAL DISTRICTS.

The Kelowna Rural School Districts cover an unorganized farming area of some 200 square miles on the eastern shore of the Okanagan Lake in the interior of British Columbia.

Ten local School Boards have charge of the educational needs of an ever-increasing and changing school population of some 850 children, comprising some sixteen nationalities. Each local Board has difficult problems of financing, due to non-payment of school taxes by many of the farmer taxpayers, and the fact that many parents of school-children are simply land-workers and do not pay any taxes. Owners and renters of small farms receive a poor price for their products, and many land-workers earn a small wage of from 10 to 15 cents an hour during the summer months, necessitating Provincial Government relief during the winter months.

Such is the local situation and such the problem which has always confronted the School Health Service when considering the great need of dental care for the children.

The School Boards, already helping to finance the School Health Nursing Service, felt that they could not take upon themselves the heavy expense of attempting to finance a dental clinic. No other rural organization had means, or any prospect of obtaining the means, for such a project, although frequent reports had been presented and all recognized the need for such a clinic.

The Provincial Department of Health has many calls upon its resources, but yet another strong plea for aid last July brought from Dr. Young a promise that if parents, local School Boards, and four local Women's Institutes would co-operate with the conditions laid down by the Department, that dental care would be provided as a demonstration during the next school-year.

The conditions were that School Boards and institutes should provide suitable working-quarters, with light, heat, and water, and that a high percentage of parents should give consent for dental care for their school and pre-school children, and also be willing to pay a cash fee of $1 for each child treated.

When schools reopened in September, 1937, the campaign began. School Boards were informed of the conditions, and asked to send a representative to form local committees with the School Principal, School Nurse, and a member of the local Women's Institute (if organized). Parents were circularized with a letter setting forth the great advantages of such a clinic for both school and pre-school children, and asked to give a signed consent for the treatment of their children and to the payment of a $1 fee for each child treated.

By the end of October we were able to inform the Department that approximately 70 per cent. of the parents had sent in a written consent to the conditions; that School Boards were much interested

and willing to provide suitable accommodation; and that the largest Women's Institute was most enthusiastic and willing to sponsor the pre-school children's clinic.

The twenty-seven rural teachers were also most enthusiastic, pointing out the need of dental care to the children in health lessons, assisting in distributing and collecting letters of consent, and expressing willingness to be responsible for the acceptance and receipt of fees from the children in the individual classes. Even the collecting of the small fees is in itself a problem, and any success obtained has been due to the repeated efforts and constant reminders of individual teachers to the children under their care. Too much appreciation cannot be given to the teachers for their hearty co-operation, for without their willing aid it would have been impossible to have successfully organized the detailed work of such an intensive campaign. Each teacher was given a duplicate copy of the School Nurses' dental register, and very frequent checks and rechecks were made. This register is invaluable to the clinic assistant as a reference upon which the work of the clinic is based.

In December, 1937, a letter came from the Department of Health, stating definitely that Dr. Ross Currie, D.D.S., would be ready to begin operations in our districts on February 1st. School Boards were again notified and a drive made for fees. By this time about 10 per cent. of our school-children were receiving Government relief, and permission was given by the Department for these children to receive free care, also certain children from the devastated Prairie areas, who were not eligible for relief from the Provincial Government of British Columbia. Also by arrangement with the local Provincial Relief Officer certain fathers of large families on relief were given extra work-days to pay for the dental fees.

The Department had expressed a wish that pre-school children should also have the opportunity for care, so, in addition to the first inclusive letter to parents, a special pamphlet was written by the School Nurse, stating in very simple language reasons for the care of the teeth of small children, and inviting each mother to bring her young children to a free clinic for examination by the dentist at a definite time and place, and a fee of $1 per child would be charged. These notices have been mailed and will be mailed to all mothers of pre-school children in ten school districts, so that all children will have an opportunity to receive dental care when the dentist is in their local school. By these means we hope to have a good response.

Dr. Currie started operations in our largest school district on February 1st, every one helping to set up the clinic in the teachers' room of the school. The Department most kindly provided salary expenses, also for a permanent clinic assistant, which facilitates matters greatly. We are really proud of the set-up of the clinic, also of the school-children, whose clean teeth and excellent behaviour have

been commended. The behaviour of the children is due in no small part to Dr. Currie himself, who combines kindness and firmness with a real understanding of the psychology of childhood.

ANNE F. GRINDON, R.N.,
Kelowna, B.C.

ON BEING A PATIENT.

Have you ever been a patient? Have you ever been admitted to a hospital by a conscientious pupil nurse who insisted on strict adherence to hospital routine by making you get into bed—even though your operation was not slated until 10 o'clock next morning—and you had walked in? If not, you have missed a tremendous experience. It wasn't so much being put to bed; it was having to disrobe with strangers around and no privacy, and having to don that priceless open-backed gown which refused, on principle, to even cover your knees! It gave the feeling that one was all front, and, as they say in the Army, " a good soldier never looks behind " (we hope).

But that was only the beginning. There followed during the course of the evening the inevitable "local prep." and S.S.E. (the request for self-administration being steadfastly refused on grounds of routine), which was the most embarrassing piece of ritual any one was ever subjected to. After that it didn't matter what happened, and absence of sleep and absence of breakfast the next morning you just took in your stride.

The trip to the O.R. is taken with a good deal of speculation; you looked so cute before taking the trip! All dressed up in voluminous socks and tight skull-cap—you felt ready for anything; in fact, you felt very much like a warrior with the nurse pushing you, willy nilly, along the corridors, and, because you were a nurse, the head nurse walking beside, keeping guard. The elevator-man, recognizing you, elevates his eyebrows, and, with a know-it-all laugh, wishes you luck!

The speculation is at fever height when you are ushered into the O.R. theatre. The scrub nurse hears your name—and gasps; the anæsthetist, busying himself, passes some disquieting remark about " getting her under as soon as possible because the Doctor is almost ready," and forthwith proceeds to see how much a part of the bridge of your nose he can make the gas-mask. You say to yourself, feeling quite inebriated by this time with the Nembutal: " I'll fool him; I won't *go* under." And the next thing you know every one is talking at the same time and they are yanking you off the O.R. table and literally dumping you back on to the stretcher. Vaguely you try to think things out. You don't really *care* what they're doing, and, like something detached, you hear your condition being discussed and are dimly conscious of the fact that you have an abdomen which feels strangely different. Suddenly you wake up again to the fact that the ceiling looks awfully small and people very close to you, and with

difficulty you arrive at the conclusion that you must be going down in the elevator; but don't care about anything—it's a glorious feeling—and off you go again.

The next inroad into your consciousness is the fact that you hear your Doctor's voice (sounds like that poem, the "Village Blacksmith"—he hears his daughter's voice, singing in paradise). I don't mean that your Doctor's voice sounds like the village blacksmith! . . . "How are you feeling?" booms the voice, and you say, coyly: "I'm fine; how are you?" And much laughter is heard. I don't know why . . . and you're off again, only to be brought back by the jab of a needle from the intravenous set-up.

The first days and nights roll slowly around, punctuated by hypos at regular intervals, and the forced fluids which you learn to abhor—even to your favourite ginger-ale—which, like lemonade, and orangeade, and thin soup, all end up as a dark-brown taste. But every one is extremely kind through it all, and finally you arrive at the stage, via gas pains and sedatives, where you begin to take a little interest in your dinner-tray and to make life generally miserable for those in attendance.

You have come through a unique experience, and one which has given you a greater sympathy for your patients, one which, too, has given you a firm conviction that the rest of your life should be spent in gratitude to Almighty God for the privilege of being, once again, a nurse.

B. JENKINS, R.N.,
Supervisor, Saanich Health Centre.

"WHAT WE ARE DOING" AT REVELSTOKE.

I arrived at Revelstoke on Wednesday morning, September 8th, to take over the duties of School Nurse, and to one little girl at least my coming was an event of no little importance. "Mother!" she cried, rushing home from school. "We *are* going to be taken care of. There *is* a new nurse at school!" And, strange to say, Evelyn provided my first home-contact.

The post-term work—weighing, measuring, and inspecting—was the first item on the programme. It was well into October before I had finished the two public schools and the high school. But I know of no better way to become acquainted with the children and of learning who is who.

This done, I took stock—learned what my predecessor had accomplished and what she had planned to do. I carried on from there.

Dental Survey.—A dental survey was scheduled for the fall. To get this project under way as speedily as possible the dentists were approached and their co-operation assured. It would take a little time to arrange for two free mornings. In the meantime we at the schools were busy. The teachers filled in the dental cards with the names of their respective pupils; the co-operation of the School Board

and of the principal was assured, and our dental survey became a reality.

" It is rather startling, once the machinery is set in motion, how fast the wheels go round." On the mornings of October 28th and 29th, respectively, Drs. Marr and Chambers arrived at the schools at 9 a.m. sharp and began their examination. The children came to the nurse's room one after the other, card in hand, and passed before the dentists. They enjoyed it—thought it a special treat; but it was rather a back-breaking job for the two men. A kitchen chair is not the most comfortable equipment to bend over for any length of time. However, it was time well spent, as results proved.

It really is splendid the way the parents have co-operated. Some very encouraging comments were received. " This work will be attended to immediately." " Yes; soon." Or, " Attending dentist." Others followed instructions explicitly and left the report with the dentists. Then came reports from the indigent group, stating why they could not have work done. And so our reports automatically fell into three groups—those having work done; those who had promised; and the latter, indigent group.

A representative group of cards of the indigent class was given to the dentist for an estimate as to the amount of money necessary to put the teeth of these children in order.

Forty-three were represented. The total cost was set at $235. Low charge, $1; high charge, $13; average charge, $5 per mouth.

This group represented one school only. The amount was doubled to meet the need in the two schools and a small margin allowed.

Appraised of these facts and of the great need for aid, Dr. Young came to our rescue with a promised grant of $500 from the Provincial Board of Health. One-half of this amount arrived in January, 1938.

Though the work among the indigents has not progressed as speedily as one might wish, work on the whole has moved forward steadily. Temporary-defects figures do not register much improvement; but this is partly due to the fact that the dentists prefer to leave them, unless they are bothersome, to preserve the dental arch. Of course when teeth constitute a menace to the child's health, that is a different matter. Take the case of Billy, for instance. At the survey my attention was drawn to him. " Several abscessed teeth that should be removed," said the dentist; " and I'm not surprised," he added when he learned that Billy's standing was at the " foot of the class." But the story has changed—there's a new chapter. Billy's dental card now reads: " O.K. Teeth removed. General anæsthetic at home." And he's doing well at school—a changed boy entirely—healthy and happy—his teeth no longer a menace to his health.

To further encourage interest in dental health, the I.O.D.E. have placed in each class-room a beautiful hand-designed Dental Health Honour Roll. As each child's mouth reaches 100 per cent., or as near as possible, a star will be placed beside his name. This will give a

general idea of the standing of each room and should be a source of interest to all.

" There is not one thing in preventive medicine that equals mouth hygiene and the preservation of teeth," said Dr. Wm. Osler. I should like to add: " There is not one thing that will contribute more to this end than a dental health survey. It creates a stir, introduces a note of authority, and cuts the pattern for the work that is to be done."

Tonsils.—Here one faces an entirely different problem. Fear is the demon one has to contend with. I have learned to respect the view-point of the parents. Their faith in their belief is a tangible thing. It is not to be cast lightly aside. For instance, when I am told that one can be born with enlarged tonsils just as with enlarged stomach, I do not contradict such a statement. I take into consideration the fact that my informant is an intelligent person. " Once you have your tonsils out, the next thing is appendicitis," I'm told. A boy of 17 confessed to me: " I'm afraid of the anæsthetic." And I tell you, his is a real fear! No amount of persuasion has so far had any effect.

There is such a difference of opinion as to whether or not tonsils should be removed that the question is open to much controversy. However, I have fortified myself with all the reliable information I could gather on the subject—articles by leading medical men—and it is generally agreed that tonsils should be removed for the following reasons:—

(1) Such enlargement that they cause obstruction of the throat; (2) recurring follicular tonsillitis; (3) swollen glands of the neck; (4) recurring attacks of running ears; and (5) the tonsils acting as a focus of infection.

On the Credit Side.—It took but one visit to convince Evelyn's parents they ought to see the family doctor. She was pale, puny, and odd-looking, and her tonsils were very large. They were wise parents; they followed the doctor's advice for immediate removal of tonsils that were definitely a " focus of infection." Now, instead of standing still, Evelyn is gaining well each month; has improved in appearance and in her school-work remarkably. These parents went about it in a big way; besides Evelyn, two other children in the family (boys) had their tonsils out. All of which demonstrates, if one can but persuade the parents to seek the advice of their family physician and abide by his decision, something lasting has been achieved.

Defective Vision.—Since the beginning of the fall term in September, eleven children have been found to have defective vision requiring correction. Nine have been supplied with glasses—three of these were indigent cases; the remaining two are slated to see a specialist. Several children have had glasses changed—a few are indefinite cases.

We are very fortunate in having a man like Mr. Bews, the local optometrist. He gives all school-children sent to him a careful examination free of charge. I value his assistance highly. Money for the supplying of glasses to indigent children has come through several organizations—the Native Sons of Revelstoke, the Women's Auxiliary to the Legion, and the Rotary Club. This money will be placed in trust to be used for the sole purpose for which it was donated. I feel very happy about this. It means that every child now has an even chance to compete with his fellows. Before me as I write I have a letter received to-day from a grateful mother. She says in part: "I want to express my very sincere thanks to you for getting Sharry her glasses, etc.; she needed them badly." Yes. She did need them badly. Her teacher told me he had to lead her right up to the board before she could see what was written there. I'm sure it must be a source of great satisfaction to the members of the various organizations to realize that because of the aid they have given a little girl's vision is restored.

Milk at School. — As in former years, the I.O.D.E. and the Women's Auxiliary to the Legion supply milk to the schools; also cocoa for the lunches. Eighty children are taking milk this year. Those who cannot afford to pay receive this service free. The paying group are charged 50 cents every four weeks for one-half pint of milk each school-day (including straws). This service has proven a boon to the poorer children. I like to think that the added sparkle in their eyes, and a slight bloom on the cheek, is due to the daily milk service at school. It is a treat to see the group of twelve little children in Grade I. gathered around the table sipping their milk. And were one to watch until the end, one would see the teacher, ever alert, line up her little charges after they had put down their bottles and straws on papers provided—a lesson in tidiness—then march them out of the room and on to the playground—a happy, healthy group.

Communicable Diseases.—Fortunately, there has not been an epidemic to contend with during the past year. One case of mild typhoid, one of measles, and one of chicken-pox about covers our contagious diseases; except for a slight irritation of the eyes which is at present causing a few absentees from school. This condition generally accompanies a cold.

I was told the other day: "We haven't the epidemics now we used to have before the nurses came." Though I could not resist the warning, "Touch wood!"—nevertheless, I experienced a thrill of admiration for the nurses whose teachings had left so profound an impression on the mind of this woman—and she a mother.

"Who keeps the infectious disease going?" questions Dr. Hill; and answers: "Chiefly, the mother." And so it would seem our efforts are producing the desired effect. In the follow-up work in connection with the above contagious diseases, I have found in each instance the mother well informed and co-operative. Suffice to say,

not another case developed in the city from any one of the above "first cases."

There is much more to tell; but one could go on and on, and so I bring to a close this chronicle of events of the past five months by giving you a glimpse of another side:—

"What is life, if full of care, we have no time to stand and stare?"

Literally, on two occasions during the past week, I did just "stand and stare." It was the Annual Ski Tournament, an event of importance to the young people particularly. The school-children had two free afternoons. Some of them were active participants. It really was fun to watch them, puffing in after a 3-mile jaunt on skis, cheeks aflame with colour. Teachers were out in a body, enthusiastic spectators. To me, the men's ski-jumping was a special thrill. It certainly takes courage, perfect co-ordination of mind and body, and plenty of stamina to follow this exacting sport. The youngsters scurried down the hills like rabbits; in the simple "down-hill" a number took the small jump and did remarkably well. Others, of course, came down in a most irregular way—a conglomeration of arms, legs, and skis. However, it kept the spectators interested, and without a doubt the youngsters enjoyed themselves immensely.

"Keep your mind on the great and splendid thing you would like to do, and you will find yourself unconsciously seizing upon opportunities that are required for the fulfilment of your desire.

"Carry your chin in, and the crown of your head high. We are gods in the chrysalis."—*Elbert Hubbard.*

MARGARET LITTLE, R.N.,
Revelstoke, B.C.

THE MENNONITE IN BRITISH COLUMBIA.

By reason of the large influx of Mennonites into British Columbia in recent years, some of the Public Health Nurses find that a great part of their time and effort is necessarily spent among these people. To those who have not been in contact with this religious sect the following account of their history and beliefs may prove of interest.

The history of the Mennonites goes back 400 years. Their founder, Menno Simons, a native of Holland, was a priest of the Roman Catholic Church. In 1537 he left the Church and began preaching his own doctrines. He extolled against war, revenge, divorce, the taking of oaths, infant baptism, and the holding of civil offices. He exhorted his followers to lead a Puritan-like existence and strove to isolate them from the world so as to prevent contact with a secular civilization. Menno's radical programme excited the wrath of Catholics, Lutherans, and Calvinists alike, and here commenced the long years of persecution for his adherents.

In 1583 Menno and his followers were compelled to leave Holland and fled to Prussia. The Prussian noblemen promised protection

from persecution and exemption from military service in return for the Mennonites' agricultural experience. However, after 100 years of prosperity the Mennonites were again forced to find a new home to escape compulsory military service in Prussia.

Catherine of Russia, knowing the ability of the Mennonites as farmers, invited them to settle in South Russia, promising exemption from military service, and educational and religious liberty. Her invitation was accepted, resulting in the migration of some 8,000 Mennonites to Russia during the years 1787 to 1840. Here the sect grew and prospered for another hundred years, and as the Mennonites were forbidden to divide their lands it was soon necessary to buy more land to settle the younger people. "Daughter" colonies spread throughout Southern Russia.

In 1870 the Russian Government demanded military service of the Mennonites, and it was only after much negotiation that they were allowed to perform forestry service instead of military training. Nevertheless, their old feeling of security was gone and a delegation was sent to America to look for a new place of abode.

The Canadian Government in 1872 granted the Mennonites some 720 square miles of land in Manitoba, along the International Boundary, and guaranteed exemption from military service along with other privileges. Soon the migration to Canada commenced and by 1879 over 1,400 families had settled in Southern Manitoba.

During and after the Great War a violent dislike grew among the Canadian peoples of all things German. The Government withdrew the privilege of separate schools for the Mennonites and insisted on attendance at public schools and the use of the English language. Rather than give up the language of their religion, some 4,000 Mennonites left Manitoba for Mexico in the years 1922 to 1925, those remaining accepting the rulings of the Government.

The Mennonites still living in Russia were having their troubles. In 1919 during the Revolution they were compelled for the first time to take up arms to protect themselves from marauding bandits, and later were driven from Russia by the Communists. They came to Canada, arriving here practically destitute, but "with a progressive spirit and a thirst for education."

The first movement into British Columbia started in 1928, some of these people wishing to live in a milder climate, one more like that of their old home in Russia. Settlements sprang up at Yarrow and Sardis, a few miles south-west of Chilliwack. The Abbotsford community came into existence in 1931 and consists of some 100 families.

There are two churches in the Mennonite Colony near Abbotsford and the life of the community revolves around these. The Mennonite Brethren "insist on conversion and adult baptism as the basis of church membership . . . they maintain a Puritan discipline in matters of conduct, with strict injunction to keep the Sabbath. They are forbidden to dance, play cards, smoke, or drink." Their chief "article of faith" makes it impossible for a Mennonite

to bear arms for any purpose. Children attend Sunday-school for one hour in the morning and church service follows. Each church prides itself on its choir.

The Mennonites are careful to keep the German language alive, as it is the language of their religion and has been preserved through the centuries of their residence in Europe. The children attend German school from 9 until 2 each Saturday.

Owing to the near impossibility of making a living from the land on which some of the families are located they have been compelled to accept relief. They live a quiet, sober life, their diversions including community singing, games, plays, reading, and in some families the enjoyment of the radio. Meals, to a large extent, resemble those of their English-speaking neighbours.

In 20 per cent. of the families medical attention is arranged for in the following manner: A Mennonite doctor, with headquarters at Sardis, 20 miles distant, is paid $10 a year by each family. Bachelors and couples without children pay less. The doctor visits the minister of the community each week, who refers him to any family needing medical advice or attention. The majority of the remaining families seldom call a doctor until an illness is well advanced. A large proportion of the children suffer from infected tonsils, adenoids, defective vision, and in some cases malnutrition. Lack of funds prevents the correction of these conditions in most instances, yet the school attendance is usually good throughout the year.

Formerly Mennonites objected to quarantine for infectious diseases; now it is only the occasional family who breaks quarantine.

One observes when visiting and giving advice to parents that much store is set on the use of patent medicines and ointments.

The Mennonites feel that it is " up to God " as to the number of children each couple shall have. Birth-control is unthought of.

Generally speaking, the homes are small, simply furnished, but clean. Adults and children respond readily to kindness and consideration from the outsider. Once the nurse has gained the confidence and liking of the people, she experiences no trouble in having her wishes carried out. The husband is usually spokesman, the wife saying very little. Children are subdued and unresponsive to strangers. At school they are very appreciative of attention given them by the nurse and are keen to follow her advice.

Much work in the medical and public-health fields has yet to be done among the Mennonites. Still, we feel that the result of our labours so far are encouraging.

EVELYN MAGUIRE, B.A.Sc., R.N.,
Matsqui-Sumas-Abbotsford Area.

SEX-EDUCATION.

My public-health experience comprises a period of eighteen months " in the field " in a frontier country. Here I feel there is room for more " sex-education " to offset the " sex-malinformation," which is obviously present, and that in several ways this is an opportunity for the Public Health Nurse. In discussing the following I do not wish to imply that my frontier country is worse than other districts, urban or rural. However, I do point out that the population is small and is seasoned with those who failed to adjust themselves in society " outside," and that, though the population is scattered, everybody knows everybody else and his affairs.

As to the result of sex-malinformation, perhaps the most serious in its consequences is the abortion, and, from what is heard indirectly, these are all too frequent. Then there are the forced marriages, sometimes obviously an outcome of the unsuccessful attempt at abortion. And there are the unmarried mothers too often only in their early teens. Among school-children, though proof may be wanting, we cannot but believe that there is illicit sexual intercourse, for where there is smoke there is fire. Lastly, there is the unanswered question of how life really begins and where babies come from—a subject which has been discussed by Molly and Louise, her older playmate.

Now, Molly is a dear little 8-year-old and probably looks up to 10-year-old Louise, who is also a dear little girl and Molly's only companion in an ungraded school of twenty-five boys and five teen-age girls. Right here with Molly's mother is the Public Health Nurse's opportunity. Later she will visit Louise's mother. In the meantime Molly's mother can be shown how she can refer back to that question and answer it briefly and satisfactorily. Mother may be pleasantly surprised that such a subject can be broached so readily and in such simple terminology. She and her husband and Molly's big brothers have no hesitation about discussing reproduction of the various animals on the homestead, because in that line they have suitable terminology to apply. But in the case of human reproduction they are ignorant and afraid. Then leave with them that pamphlet, " When and How to Tell the Children," and a seed is planted. If mother and dad still feel they cannot handle the situation, at least, now that it has been broached, they are more likely to ask the Public Health Nurse (or another " educator " in the district who has the ability to handle this subject) to take it up with the child herself.

It is wise to realize here that sex-education is in its infancy today, that there are those, whether professional or lay, who are unable to discuss it comfortably with the pupil, adult or child, and that, if it cannot be discussed comfortably, it is a subject best left alone.

Another way of approaching the mothers is in the maternity ward of the local hospital. There mothers are enjoying the freedom from routine household worries and are glad to find and read that charming little book, " Growing Up." Incidentally, it can be men-

tioned here that with it are a complete set of " Mothers' Advisary Letters," which a mother can re-read at leisure. To follow up this beginning there are sex-education pamphlets for the various age-groups which may be used later in the home. " Big Problems On Little Shoulders " has some good chapters on this subject and the problems arising from it, and because of this and its other good material it is a book to be recommended as handbook for anybody interested in child-training. Financing such a programme is an item, but finances are usually overcome where there is a will. For instance, an alive women's group can be interested to buy such literature and loan it out to the members.

True, the present public acceptance of irregular situations within the community is an unhealthy atmosphere in which to bring up a family and it will probably obtain for some time. Yet where the young people have knowledge and understanding there is less likelihood of such an example being detrimental to them. And so, with sex-education permeating society from the parent to the child and on, there is reason to look forward to a time when such situations will not be acceptable and will therefore occur with less frequency.

Bibliography: On request.

L. MALKIN, R.N.,
Fort St. John, B.C.

VERNON.

This year I am going to outline a few of the " high spots " in my general work for the year.

We just got nicely started in our school-work last September when a case of polio developed in our district. Our Medical Health Officer closed the schools for two weeks, and we visited homes and patrolled the streets, in order to keep a close watch on the children. We repeated the same thing again in October for a shorter period of time.

In November our new school buildings were formally opened by Dr. Weir, Minister of Education. These buildings—one a large addition to our elementary school, and the other a new junior and senior high school—are beautiful buildings, and in each of these buildings spacious quarters have been provided for the nurse.

Just after Christmas we began preparing for our tuberculin testing in the schools. Literature and consent-slips were sent to every home where there were school-children. Early in February we were ready, and Dr. Kincaid and nurse arrived to do the testing, which, together with the X-raying, was completed in three weeks. This work was popular with the parents, satisfactory, and very worth while.

Have two large classes in the junior high school, a Little Mothers' League, and also a house-nursing class. Before the Easter holidays we hope to have practical demonstrations by some of these girls, to which the principal and staff members will be invited.

During the months of February and March hot soup and cocoa are being served to approximately 300 of our school-children. Provision is made for those who are unable to pay the small charge made.

Through the kindness of the staff of the Crippled Children's Hospital, many of our children have been successfully treated there. At the present time this district has seven children there undergoing treatment.

We hope to finish up our dental- and eye-clinic work for the year by the end of May.

In June we hold our vaccination clinic in the elementary school for all the pre-schoolers. This is held on the same day that the parents bring their children in to register them for the beginners' class in September.

We also toxoid once a year, doing our beginners some time during their first year in school, September if possible.

We have a very large class of adults and high-school pupils attending the physical-education classes in the Scout Hall. These classes are held under the capable direction of Bill Ladner, one of the teachers on our staff. This class is probably the largest of its kind in the Okanagan Valley.

ELIZABETH E. MARTIN, R.N.,
Vernon, B.C.

THE SCHOOL DENTAL CLINIC.

The health of the school-child is and always will be of prime importance in preventive medicine. This principle is so fundamental in its application that very often a Public Health Nurse is employed for the express purpose of doing only school-work. It is one of the basic principles because, aside from health teaching and training of children at school, it also serves as the best means of approach to a home. A mother will usually welcome a visit from the nurse if it is about her child and his problems.

Among our most difficult problems is the treatment of defects; thus the remedial treatment of defects presents what seem to be insurmountable difficulties at the present time. Children have tonsils, adenoids, poor eye-sight, goitre, and other defects which the nurse feels merit attention. Upon visiting the parents of the child the nurse finds that the parents agree whole-heartedly with the nurse, but they simply cannot afford the expense of an operation or the necessary treatment. Unfortunately, too, it seems that it is those people who are struggling to keep off relief who bear the brunt of this suffering.

Having worked in an area in which there was no dental clinic, I can appreciate a school dental clinic to the full. It is amazing the difference that it has made; at first it seemed too good to be true. To be able to give each child dental treatment free of charge has made a great difference to the health of the children in general. This treat-

ment has been carried on since February, 1936. Emergency toothaches are treated and each child receives the necessary treatment, filling, and extractions, etc., once during his school-life. After their initial treatment is completed they are expected to carry on themselves. To date the older children have all been treated, except new pupils and Grades I. and II. These are the children which are being treated now. When the work was very heavy during the first year there were four school dentists, but since February, 1937, one dentist has been giving us each school morning for the clinic.

The accompanying table will give some idea as to the scope of work carried on since February, 1936. The cost per child over this two-year period has been $3.21. This figure was arrived at by dividing the total cost (borne by the Provincial Board of Health) by the total number of children attending the clinic during that time. Unfortunately, some of these children have stopped school and therefore were not completed cases; so that the $3.21 represents the cost per child attending the clinic rather than the completed cost. This cost does not take into consideration the office overhead of the dentists employed. The number of children treated and the number of patients does not tally because some children had to return to the clinic as many as four and five times.

MARION C. MILES, B.A.Sc., R.N.,
Matsqui-Sumas-Abbotsford Area.

A DITTY FROM THE NORTH.

In B.C.'s Peace River Country, 'tis scarce three years ago,
We started our Health Unit here amid the frost and snow.

People said it wouldn't prosper, " Wait till 50 below,"
Or, " Mud of the Peace River Country just won't let car wheels go."

Our first Director, Dr. Cull, a very wise young man,
Said to his Public Health Nurses, " Let's get busy while we can.

" We'll get to know these people. We'll immunize them all,
And to round up mumps and measles we'll always be on call.

" We'll examine all school children. I'm sure we're elected
To find their defects and their ills and then get them corrected.

" Our duties are many and our handicaps great.
There's hard work ahead—let's blame it on fate.

" The weather and the mud is as bad as they told us,
And now my good nurses, let nothing dare hold us! "

We've immunized the people against what all we can,
And now they're asking more of it. Such are the ways of man!

Teeth and tonsils have had a share of really close attention,
And other problems we've checked off—too numerous to mention.

Three years we have been striving and our Unit still stands true,
Schemes and plans for further service spur us on to work anew.

Of course our staff has changed a bit. Doc. Cull has gone away.
Some of our nurses left us, Doc. Hershey's come to stay.

These are our ways of travel: by boat, by sled, by car,
On horseback, in a wagon. Sometimes on foot we are.

The weather's really not so bad when you dress in proper togs.
Mud roads *can* be conquered—why just chop down some logs!

Most residents now greet us with smiles and pleasant words,
In the local vernacular we're really " not bad birds."

We carry on the same old job we first set out to do.
There's something in it has allure. I'm sure you'd feel it too.

So if you'd like some Public Health work to prevent your getting blue,
Come up to the Peace River Country. She'll put her spell on you.

RITA M. MCFARLANE, P.H.N.,
Peace River Health Unit.

TIME OUT.

1826.

While rummaging through some old papers we found the following " recipe " for an ointment which interested us. It bears the date 1826.

" To cure bruises, sprains, stiff joints, etc.—To 1 teacupful good West India rum add ½ a cup of Neat's foot oil and ⅔ teacup of angle worms. Simmer them together over a slow fire until the rum appears to be evaporated or gone. Strain it and put into a phial for use. This will have a most powerful effect on bruises, stiff joints, etc. (Also, probably, on the olfactory organs.—Ed.) Of course, that was before the days of doing laws and scientific knowledge of doing therapy. Some one may say, " Why waste the rum? "—*Patchwork,* C.M. & S.

HYGIENE NOTE.

The modern girl, comments a health adviser, keeps out in the open air more than her mother did.

Yes, and it's also true that the modern girl keeps more out in the open air than her mother did.—*Lets Go,* C.M. & S.

ETHICAL PUBLICITY.

Sandy joined a golf club and was told by the professional that if his name was on his golf-balls and they were lost, they would be returned to him.

" Good," said the Scot, " put my name on this ball."

The Pro did so.

" Would you also put M.D. after it? " said the new member. " I'm a doctor."

The Pro obliged.

" There's just one more thing," went on the Scot.

" Can ye squeeze ' Hours 10 to 3 ' on as well? "—*Medical Times.*

Quite Improbable.

At a recent party a game called for each participant to represent the title of some famous book or novel. One elderly lady (who copped the prize) appeared with a large picture of the Dionne Quintuplets printed across her gown. She said she represented Sinclair Lewis' latest novel, " It Can't Happen Here."—*The Doctor.*

Cure or Poison?

Voice over phone: " I can't sleep, doctor, can you do anything for me? "

Doctor: " Hold the phone and I'll sing you a lullaby."—*Sheboygan (Wis.) Press.*

Dignity is one thing that cannot be preserved in alcohol.—*Lets Go.*

How would you answer this?

Betty (aged 7) to her teacher: " Well, Miss A., what I would like to know is ' Who borned God '? "

THE NEED FOR A FIELD SUPERVISOR.

UNIFORMITY OF PRACTICES.

It is obvious that the efficiency of public-health nursing depends upon, among others, the following elements:—

(1.) Uniformity of procedure.

(2.) Up-to-date standards.

(3.) Accurate, up-to-date, and valuable records.

I am sure that each and every nurse in the field is quite confident that, in order to achieve such uniformity, a field supervisor is a necessity, especially in districts farthest removed from the big centres of public health. Take No. 1, " uniformity of procedure "—how often does a nurse carry on at procedure which has long since become obsolete? In the school, for instance, it has been decided in the larger districts, quite recently, that the weighing of underweights each month is no longer considered valuable. However, it is a certainty that many nurses, although they themselves feel that it is a waste of time, do not wish to take the initiative or responsibility of abolishing the practice. This is just one problem; many others are continually coming to light in other phases of the programme.

" Up-to-date standards " is more or less an extension of number one, for only by having supervision of the different changes can the standards of public health be kept at the very highest level. In this way new ideas are introduced into every district at the same time.

In regard to the development of new phases in the field of public health, a good example is the new record system which is being introduced into most districts. Much work, worry, and general depression

would be avoided if there were some one advising how to start the system properly and carry on in a practical way.

A field supervisor would see that record-keeping was consistent in each centre throughout the Province, thereby assuring standardization and continuity of the Public Health Programme.

M. PUTNAM, B.A.Sc., R.N.,
Nanaimo.

CONSTRUCTIVE SUPERVISION.

The scope of work for the Public Health Nurse is so wide that at times it may seem overwhelming. Especially may this be true for the new adventurer, of whom there will be increasing numbers yearly.

A field supervisor in her periodic visits might help the nurse to maintain a right balance in her work by counsel and constructive criticism. May I quote Mary Gardner, when she says:—

"Old educational methods will need constant revision. Perhaps even now we are on the threshold of certain radical changes. In our effort to adjust great numbers of nurses to their work, we have been very insistent on standardization and a pulling-up of the weaker to the level of the stronger. To accomplish this, emphasis has been placed on very definite standardization of method, even down to minute detail. Has the pendulum swung far enough, or perhaps too far, in this direction? Has the time possibly come when public-health nursing can better be served by encouraging a greater individualism?"

Invaluable as are the knowledge and inspiration gained at university, it is after the student is at work and is reacting to the needs of her community—or not doing so—that the stimulus of an understanding and experienced chief may help her to develop that greater individualism for which Miss Gardner appeals.

In the 1932 report, as chairman of the Education Committee of the National Organization of Public Health Nursing, Elizabeth Fox said, in part:—

"More and more we shall need artists, not mechanics; and artists are developed by enrichment of inner experience, not by efficiency methods. How can we stretch our education or how can we modify it to provide that wider and deeper understanding? How can we produce thousands of artists?"

If we in the field are continuing our education, as I hope we are, may we look to the guidance of the field supervisor to help us become artists in our work.

K. GOWARD,
Nanaimo.

AN INTERMEDIATOR.

The need for a field supervisor is generally felt to be a vital necessity by most Public Health Nurses in British Columbia. In many of the more or less isolated districts the nurses feel the need

of some one with whom they could discuss the minor problems and difficulties which they come across in their daily work. Of course there is always the Provincial Board of Health willing to help, but so many problems could be solved much more easily by discussion than by correspondence.

Also, we sometimes see a good nurse in a district to which she is totally unsuited. If we had a supervisor who understood the conditions under which this nurse worked and understood her temperament, it would do away with "round pegs in square holes" and would result in a more smoothly running Public Health Service with less friction between local board and nurse. There are many questions which come up between the district nurse and her local Board of Control that could be settled more favourably by a field supervisor than by the nurse herself. The Board may sometimes feel that their nurse is not doing her duty in the way they would desire, yet do not know how to approach her without causing considerable antagonism. If there was a field supervisor, she could act as a go-between and tactfully explain the situation.

It is always difficult to make a community, as a whole, realize the benefit that may be gained from a Public Health Nursing Service, and though some may want the service most urgently, they may be overruled by the many who can not see the advantages to be gained. Yet, should that service be instituted, those previously in the negative would be the first to make use of the service and in that way learn its worth. Actual demonstration is necessary before some will believe in the value of public-health work. For this purpose a well-trained and experienced supervisor could be of great value. She could go into these districts and spend some time there talking and demonstrating the value of a nursing service to the people. The knowledge gained by the supervisor in her contacts would be invaluable in the choosing of a nurse suitable for that district.

E. SNOWDEN, R.N.,
A. MCINNES, R.N.,
Coombs and Qualicum Beach.

ONE SUPERVISOR FOR ALL PUBLIC HEALTH SERVICES.

During the past few months we on Vancouver Island have been visited by specialized workers of three different phases of our programme—namely, the supervision of students and tuberculosis and V.D. services. If and when we have the beneficial supervision we desire and need, could not at least two—if not all—of these branches be covered by one individual? Granted that T.B. and V.D. work have recently undergone great development in the Province, and admitted that such comparatively new specialized fields require specific instruction to the workers in the field, still the field supervisor would be quite capable of transmitting a full understanding

of the essentials. There is a natural tendency for specialized supervisors to lose sight of the Public Health Nursing Programme as a whole, and to expect rather too much concentration on their particular phases. With her knowledge of conditions in the field, the supervisor would aid us in the absorption of each new development into our programme without any loss of balance in the work. Although the time spent with the several representatives could never be said to be wasted—and we all like visitors at times—still, it would seem that the concentration of the necessary supervision into one department would result in the saving of the nurses' time. This year, when we are all working at "top speed," this point cannot be overlooked.

Our ideal now is a more uniform development of the Public Health Nursing Programme throughout the Province. To gain this end, one of the chief requirements is the early provision of the instructive and constructive supervision of our work by a trained supervisor.

H. KILPATRICK, B.A., B.A.Sc., R.N.,
Duncan, B.C.

HEALTH SUPERVISION OF THE NURSES IN THE FIELD.

We who are "health-workers" know full well the importance of physical fitness. Under our present system the maintenance of the health of the nurses cannot be given the attention it merits. We are not blessed with equal vitality, and in the placing of nurses in the field, "health" should be given first consideration. Even supposing a nurse is pronounced "fit" after her annual physical examination, the question persists, is she capable of taking on and carrying the responsibility of a heavy district? A field supervisor, and such a person only, with her information concerning the district in question, together with her intimate knowledge of the nurses, would be able to place the staff most suitably. Thus, with the establishment of those nurses who are definitely physically able to carry on the work, the deplorable experience of "breakdowns" in the field will be a thing of the past.

Not only the health of new nurses but also that of the established workers is the responsibility of the field supervisor. Naturally our work is heavier at some periods than at others. Our policy throughout is prevention. At present it is almost impossible to obtain relief to allow short periods of preventive sick-leave. With a supervisor in control and central registration of Public Health Nurses not actively employed—such as those who are married—temporary workers could be established.

Furthermore, with a field supervisor at the helm, the many Public Health Nurses would be bound together more closely. One

of the many benefits of such an organization would be a system of pensions. Such a plan is in progress in New Zealand, embracing invalidity as well as superannuation.

H. KILPATRICK, B.A., B.A.Sc., R.N.,
Duncan, B.C.

TRAINED AND PROPERLY QUALIFIED SUPERVISORS.

As the demand for nurses trained in public health is increasing all over British Columbia, so is the need for supervision in public-health nursing. Supervision to be effective can be carried out by a trained person only. A supervisor might be an excellent nurse, but her work useless if she lacked ability and training. Ability by itself would accomplish much, but how much more can be accomplished with training.

How are we to get trained supervisors?

Universities in America are now offering courses of supervision in public-health nursing. One college describes the course as "A fundamental course planned for supervisors of Public Health Nurses." The second half of this course is field-work in supervision, where the student receives opportunity for observation and participation in urban and rural supervisory programmes, the relation of staff members and supervisor, and programmes of staff education.

As yet there is no course offered in supervisory work in public health in this Province. If there was a Supervisor of Public Health Nurses, there would be an opening for field-work in supervision. Students could be given practical experience and taught how to carry out effective supervision. They could have opportunities to put into practice those lessons taught in class.

Nurses particularly interested in supervisory work could perhaps arrange to work and study under the supervisor. Much practical work could be done that is, as yet, impossible. How varied an experience a student might get could she travel with the supervisor and learn the different ways of working with urban and rural nurses—an experience that would be of great value to her in later years when she herself will hold a supervisory position.

Many are the requirements of the ideal supervisor. These may be dealt with from the standpoint of educational background and experience, and last, but not least, personality.

Not only should she have an academic training with postgraduate work in teaching and supervision, but also a sound cultural background. To reach a full understanding of all phases over which she must assume control she must have had several years' experience in the field, both in rural and urban districts.

To fulfil our ideals of a field supervisor, we must have one who radiates personality and inspires confidence in all with whom she comes in contact. The essential traits are almost without number—tact, enthusiasm, cheerfulness, frankness, and kindliness. These and

many others will show in her ability to work with and for the nurses and spur them on to more and better work. As the day of her arrival on one of her periodic visits comes, all will welcome her again and will be loathe to see her depart.

I. McMillan, R.N.,
A. S. Law, B.A., B.A.Sc., R.N.,
Duncan, B.C.

"I'm getting my picture for the next Bulletin."

CHILLIWACK MUNICIPALITY AT A GLANCE.

With opening of the fiscal year 1937, it was thought wise to start organizing a vaccination campaign; the importance of which was realized when we discovered that approximately only 10 per cent. of the 1,253 children were immunized against smallpox.

Consent-cards with illustrative books were sent to each family. Talks were given in the schools and wherever possible articles were placed in the local paper. Although this district has many so-called "conscientious objectors," not an angry remark was made, no opposing article was sent into the paper, nor was one note sent from an irate parent.

Arrangements were made so that each of the local doctors should have approximately the same number of children to vaccinate and that the work should be done in the schools at a designated time. Each vaccination was to cost 50 cents.

This price was naturally prohibitive in many cases. To overcome this the Provincial Department of Health agreed to pay half the indigent bill if the School Board would pay the other half; this was done.

It took three months to cover the work in the sixteen schools of the municipality. The main reason for the delay was our unwillingness to run the risk of having a communicable disease named as the direct result of vaccination. The campaign came to a happy completion when 710 children were added to the list of immunized.

The Rotarians of this district have taken a keen interest in the welfare of local children. This was plainly shown when they commenced to educate people to a need of dental consciousness. The idea of giving each child the benefit of a dental survey in school, the opportunity of having work done at a reduced price, and the choice of family dentist started the ball rolling in the right direction, and the increase of work was so great that all were encouraged but the dentists.

The dentists seemed to feel that they were losing a great deal of money. The net result was that for the past year it has been found necessary to attend to indigents only; a lowering of the high standard, but unavoidable.

Besides this work, Rotarians at Christmas-time make a point of inviting thirty underprivileged children to a big dinner and Christmas tree. In summer they hold a picnic at the lake with about fifty of the same class of children attending.

Speaking of clubs, the Kinsmen are very active in tuberculosis-work, particularly prevention programmes. Every summer they invite thirty underweight and tubercular-contact children from Chilliwack and district and Agassiz to a splendid permanent camp, named the Kin Kiddy Kamp, for a month. They are closely watched by a doctor and nurse, and have their play, sleep, and work supervised according to Tranquille regulations. This is a splendid work which has saved more than one child from hospitalization. This Club has also, during the winter months, been a great aid in building the health

of indigent children by their donations of cod-liver oil, which is distributed by the nurse.

Whenever Dr. Lamb, of the Travelling Chest Clinic, is in town, the Club is ready to provide transportation to patients who need it. Last year Dr. Lamb was in this district twice and examined eighty-six adults and thirty-four children.

The Kinsmen were a great help in building up the tuberculin survey which was conducted last October. They gave explanatory talks over the radio and sent articles to the local paper.

In the meantime it was necessary to send consent forms and literature to all schools. The number of consents was very gratifying. Approximately 90 per cent. had the tuberculin test. Of the 1,187 children tuberculin-tested, only 126 were found to react positively, and on further examination and X-ray twelve of these needed to be re-checked, but no positive cases were discovered. This was a time-consuming piece of work, but it was so interesting and the results were so encouraging that the time was considered well spent.

A big question in this district is the handling of several problem cases and many subnormal children. A great deal of this difficulty has been solved since we have had a guidance clinic conducted by Dr. Crease, assisted by Miss Kilburn. Last year one adult was recommended for institutionalization, advice given regarding three problem children, and two subnormal children were excluded from school.

Several years ago the need of an eye, ear, nose, and throat specialist in Chilliwack was felt. Through the Department of Health arrangements were made so that a doctor could come to Chilliwack whenever the nurses had enough cases for half a day's work. This work has grown so that last year it was necessary to have this service almost every month, and twenty-five adults and twenty-two children were examined. Such services are rendered at the same prices as in New Westminster; the convenience to the people is much appreciated. Obviously the general public is becoming more keenly conscious of the importance of the care of the eyes.

Since commencement of health-work in 1928 a ladies' organization has been helping the nurses. This organization is called the Auxiliary to the School Nurses. This group of ladies is composed of a representative from each organization in the valley. The progress of work can be reported throughout the district and continual contact with various groups maintained. Each organization contributes some money annually to the Auxiliary to help indigents as the necessity arises.

The "Auxiliary to the School Nurses" holds a meeting each month, at which time the nurses report any outstanding matters, opinions are asked for, and help is sought for obtaining glasses or for having tonsils removed. During 1937, seven pairs of glasses were provided and three children's tonsils were removed. The amount of help that this organization gives the nurses cannot, therefore, be measured because it forms the nucleus of our health-work.

This organization has also been keenly interested in the welfare of the infant and pre-school group. Since a child specialist cannot possibly establish himself in such a small area, it was thought wise to engage one to examine children at a stated time and to emphasize the necessity for regular examinations. It was also decided to hold an annual well-baby clinic at the local fair, with a Vancouver child specialist in attendance.

Last year this work was very gratifying, if attendance is an indication, and in one day 105 infants, pre-school and school children took advantage of the free examination from the municipality; the best attendance for many years.

Such work was made possible the past two years by the co-operation of the Department of Health in paying the fee of the attending specialist and of two doctors.

As a result of such work a change is noticed in the parents' attitude towards the family physician. It is obvious that they are now more inclined to have their children frequently examined than to wait until the need arises.

It is true in all districts that there are many destitute families who need attention, particularly during winter months. Such work has been facilitated here by the forming of a Community Chest. This organization, made up of people interested in the welfare of the unfortunate, collects money from the local business people, gathers clothing and vegetables, and dispenses hampers to the needy at Christmas.

The Community Chest functions all year, but is most active during the winter season. At that time rooms are opened at certain hours to receive requests and grant them when thought advisable. Many families receive beds, bedding, layettes, medicines, new and used clothing and shoes, provisions, vegetables. Sometimes relief is given at the recommendation of the Community Chest.

We find that many children remain at school for lunch, and few, therefore, have anything hot to drink until they return home. Wherever possible this has been corrected by the Parent-Teachers' Associations or Women's Institutes, who form soup committees in order to serve hot soup to children at the noon hour.

Some of these organizations canvass the area for money and vegetables, while others raise a great deal of money through social activities, and in addition the children are required to pay a small sum. Results are hard to measure, but the schools that have had this privilege have had fewer colds.

The most far-reaching result of the year was the appointment of a second nurse in the municipality. A great deal of this work was done by the various local organizations and Dr. Young's timely financial help made the appointment possible last October. A happy day.

Last year was a very active year and we hope to accomplish a great deal more in the future, especially since the people are becoming obviously more health-minded.

EVA MOODY, R.N.,
Chilliwack, B.C.

VACCINATION IN A RURAL AREA.

In November, 1937, a vaccination consent form was given to each pupil in the Matsqui-Sumas-Abbotsford Educational Area. It read:—

"If you wish your child (name) vaccinated against smallpox, please sign this form and return to the school as soon as possible."

There were no high-pressure campaign methods employed, but the necessity for immunization was stressed during home-school visits. Short talks were given in the class-rooms on the nature and purpose of vaccination and literature was distributed with the forms. It was made plain to every one that there was no compulsion whatever about this vaccination campaign. The usual objectors were met with; these were mostly members of religious sects.

The response was, in our opinion, satisfactory. At the time, there were in the fifteen public schools and Consolidated High School of this area some 1,670 pupils. Of these, 1,022 returned signed consent forms and were vaccinated. In addition, mothers brought thirty-nine pre-school children to be immunized and four school-teachers were vaccinated with their pupils.

Vaccination was done in each of the schools by the Medical Health Officer, with the Supervisor of Health Nurses in attendance. Consent forms were carefully checked and rechecked to make sure that no child was vaccinated without the written permission of parent or guardian.

The following was the method used in vaccinating:—

The deltoid region of the left arm was washed with rubbing-alcohol. When this had evaporated, a drop of vaccine was put on the skin and a series of small punctures made through it with the needle. The vaccine was then wiped off with dry cotton. Children who had been dreading the ordeal wanted to know if *that* was all there was to vaccination? They were warned against scratching the scab and told not to use shields or bandages.

There was very little trouble from sore arms. Some "takes" were more severe than others, and in some cases illness due to heavy colds prevalent at the time was attributed by parents to the vaccination. One child developed an alarming rash a week after being vaccinated. This was found, upon diagnosis, to be a mixture of scabies and impetigo. The scars with the method used here were small, and parents who were vaccinated years ago were favourably impressed by the dispatch of the modern method and the neatness of the resulting scar.

A total of 1,065 individuals were vaccinated here. Of these, 210 had been successfully vaccinated previously and showed immune reactions. All of the 855 primary vaccinations were "takes." All school-children were inspected on the seventh day by their School

Nurse, the reactions noted, and each child vaccinated was given a certificate with the signature of the Medical Health Officer.

ELIZABETH OCHS, R.N.,
Matsqui-Sumas-Abbotsford Area.

OUR FIRST YEAR.

As this district is one of the Provincial Health Department's new babies, I write very humbly of the work here.

Prince Rupert, the city 500 miles north of Vancouver, at the terminus of the Canadian National Railway, and built by one of the best natural harbours the world has (so they tell us), really should be a rival city of Vancouver, if all the well-laid plans had worked out that way, and by this time in that case there would have been a well-organized Health Centre and a whole staff of Public Health Nurses. However, in reality, Prince Rupert is a very attractive little city, built on the shelves of rock beside this same harbour, with a very lovely view of the mountains around and the islands across the harbour, particularly as the sun sets behind them, and they did not have a Public Health Nurse till September, 1937.

Much of these first six months, then, have been spent in organizing the work and one cannot mark very much progress yet.

A real epidemic of measles with over 600 cases, an epidemic of whooping-cough, and some scarlet fever made the work a little uphill, like the country around us, but did add a good deal of zest to it. We were very thankful that most of the children apparently made a good recovery.

One project that has been completed is that of giving milk to the school-children. The children here had not been drinking the milk that they should, although there are three dairies supplying fresh milk. It is expensive and the canned-milk habit has become quite the custom. However, the three chapters of the I.O.D.E. took up the nurse's suggestion and have been assisted by other organizations in the city most nobly, and at present a great many children are enjoying a drink of milk during the morning.

As a beginning, the plan was to include only the first three grades, but the demand was soon so great from the older children that it was necessary to include the whole school. Some, I believe, hardly knew the taste of fresh milk, and the nurse has been told of several cases where the children have made it very plain at home that they would like the plan carried out at home over the week-end —when they would never touch milk before. We hope that these children will show much benefit from this extra nourishment and new habit, and that even at this stage some dental cases may be prevented.

A T.B. survey of the schools was done last year by one of the local doctors under Dr. Lamb's instructions—that is to be completed with the new children in the school this month, I hope; and very

soon we plan a vaccination clinic and I hope a toxoid clinic, as there are very few children immunized against diphtheria and a large group not vaccinated.

One of the chief industries of this community is fishing. It is very interesting to watch them " seining " for herring in the harbour. It is the custom to give the first catch away. This amounts to several thousand pounds. One afternoon I happened to be in the school when the message came to tell the children that there would be herring on such-and-such a wharf after school if they would come after it. I wish I had a snap-shot to send you of some of the pictures that greeted me cheerfully that afternoon coming back from the wharf with pails and saucepans overflowing with herring for supper.

There is much work to do in this new district. Sometimes it overwhelms one; but with this beginning we hope that it will grow and that the community will feel the benefit of the Public Health Nursing Service and the Disease-prevention Programme.

E. Dorothy Priestly, R.N.,
Prince Rupert, B.C.

FERNIE.

The reading of Dr. Young's report in the Medical Inspection of Schools is like the reviewing of one's life before the end of the old year; with this exception: In the reviewing of one's life at the close of the year one very humbly looks upon all the good intentions scrapped and the long list of failures, but, in our superior officer's report, we are struck with the amount we have accomplished and the spirit in which it has been carried out by the nurses and received by the public.

The control of epidemics seems one of the greatest steps in preventive medicine and is the one which gains greatest whole-hearted co-operation from the teaching staff.

The interest that children show in their weights is the best check-up on malnutrition, and even the youngest are quick to see the relationship between diseased tonsils and teeth and healthy growth when it is explained to them; these two defects are attended to in large numbers, especially during the holiday terms.

All serious eye-defects receive attention, and fracture cases, which seemed almost epidemic this year, are out of school for a very short period, as they can get the attention they need from the nurse.

All cases needing medical and surgical attention receive it much more promptly when referred by the nurse, as the mothers very often do not realize the urgency of the case—such as sore throat developing into severe tonsillitis, or a stomachache into an acute appendicitis within a few hours.

The mothers more and more find the nursing service a help, especially in the disorders and ailments of adolescent children; and the student of past years now brings her young baby to be checked over

for weight and to receive advice on diet and any unusual growth or skin condition. The "advisory letters" are much appreciated, especially by these younger mothers; the fathers study them as well.

The more sustained attendance in the schools and the brevity of any epidemic, along with the feeling of confidence both pupils and parents have in the nursing service, are clear indications that the public has become educated to what the public-health service is and in how many ways it can aid them in attaining to a better health standard than ever before.

To copy from the report: "To put in a few words, the benefit obtained is one of value to the community in general and to the school in particular. Naturally, the betterment of health conditions in the school is reflected in the general well-being of the community."

WINIFRED SEYMOUR, R.N.,
Fernie, B.C.

TONSIL CLINIC IN THE PEACE RIVER BLOCK.

The tonsil clinic was in full operation upon my arrival in the Peace River Block. It has proved a very successful method for the removal of diseased tonsils among the children here.

Following the regular examination of the school-children, it was apparent that some were affected with diseased tonsils which were detrimental to the health. Parents in many cases had been informed of these conditions, and except in a few cases had not taken any action. Reasons for this were due chiefly to the characteristic conditions of this part of British Columbia.

The majority of people live on homesteads, some of which are a very long distance from a doctor or hospital. Often the only means of travel is by team, and at times travelling is practically impossible due to poor roads and climatic conditions. Also, on the other hand, during the good weather both men and teams are busy on the land.

Many parents also feel they are unable to meet the added expense which would be entailed in such work. They are really trying to build a home from the beginning, which is typical of pioneering, and they really need their finances for the maintenance of themselves and children.

Another reason, although it may not always be a major one, is lack of knowledge of hygiene and the way to maintain health. Time, money, and mind have been occupied with building a home and making a living. The people do not realize the value of practising all the health rules, nor know that tonsils can be detrimental to health in that they are sometimes the forerunners of serious diseases such as rheumatism and cardiac conditions. However, through the efforts of the staff of the Health Unit, many parents are learning the value of health rules put into practice and are more ready to co-operate.

Because of these difficulties it was decided that a different plan must be put into effect, in order that the work could be done successfully on a large scale. The chief aims were to have the defects corrected and to make no distinction between the economic conditions of the people whatsoever. An arrangement was made with the hospital authorities, the doctors, the Official Trustee, and the Medical Health Officer, whereby a special flat rate was to be paid to cover the hospital and doctors' fees. For the few who were unable to pay the full rate, arrangements were made that they could work out the balance on various schools where there is a certain amount of work to be done such as painting and kalsomining, repairs, moving of privies, and also putting in the year's supply of wood and ice. The payment for the removal of tonsils and adenoids was to be made through the Official Trustee, who also arranged the work that was to be done by those parents who were paying part and working the balance.

Following the completion of these arrangements, the members of the Health staff interviewed the parents, advising them of the need of the removal of the diseased tonsils and adenoids. From those parents who were in favour of the work they obtained a written permission from them, and also made arrangements for payment, to be either in full or part cash and part by working.

The clinic was held during July and August of 1937. The children were transported to and from the hospitals by members of the Health staff. Following the return of the child home, the parents were instructed regarding the post-operative care, as the majority of the children remained in the hospital for a day following the operation. Usually, within the next week, and as far as it was possible, another home visit to note the progress of the child, and also to give further instruction, if necessary. The mothers seemed to appreciate these follow-up visits, as they felt the Health Unit was sharing the responsibility of caring for their children by giving the needed instruction.

One of the greatest factors in the operation of this clinic was the distances that had to be covered in transporting the children. At times trips from 70 to 95 miles were made. In some instances the parents co-operated and brought their children to a central point where they were met by a member of the staff. On one of these trips, which was made partly by boat, members of the staff and two children spent the night on a sand-bar in the Peace River. They felt little the worse for their experience, however, except for lack of sleep, and looked upon the night's outing as one of the episodes that made life in the Peace River Block varied.

Tonsillectomies were advised in 147 cases and 138 children had their tonsils and adenoids removed, showing how successful the first tonsil clinic in the Block proved to be. The results are manifesting themselves, as there is improved health among these children. In

one case, for example, one boy has gained about 12 lb. and is taking a keener interest in his own health.

Thus through the clinics and by other means, the Health Unit here is trying to teach the people of the Block the "*way to health,*" also that "*an ounce of prevention is worth a pound of cure.*"

KATHLEEN SHEPPARD, R.N.,
Rolla, B.C.

VACCINATION AT NORMAL SCHOOL.

As School Nurses we are accustomed to observing vaccinations in children and younger people. We know the usual course of events and can reassure those concerned as to the results. It is unusual for a school-child to be affected to any extent by a "take" or to miss even a day at school because of it. With proper supervision and care of the pustules, there is always invariably a quick healing and a neat scar.

When, however, we consider the question of vaccinating adults, we are not prepared to be dogmatic. There is always the uncertainty as to the extent of the reaction. Some individuals will respond so heartily to the vaccine as to be incapacitated for a day or two, or have a painful arm or painful glands in the axilla for the same period. While this is a very small price to pay for protection against a dread disease, it is often a deterrent to the average busy adult. Those who are working, those who are engaged in important projects, those who are preparing for examinations in the near future, are reluctant to impose on themselves anything likely to interfere with their plans. To the wage-earner the loss of one or two days' work is a serious consideration, and to the student any indisposition is likely to disrupt courses of studies. With these points in mind, it might be interesting to consider some vaccinations done at the Provincial Normal School in January, 1938.

Following an address by the Medical Health Officer on the subject, fifty-one students signed for vaccination. Of these, twenty-one had never been done before and had proper takes. Twenty-nine had been done in previous years. Of these, twenty-two had immune reactions, five had accelerated reactions, one had a normal take. One student had never been done before and did not have a take, or, in fact, any reaction even when revaccinated. There is a possibility, however, that she may have had a mild case of smallpox in infancy.

The "takes" were dressed with very light gauze dressings—fastened with adhesive well away from the inflamed area. The students were given instructions on personal care as well as on care of the pustules, and were excused from physical education for the required period. Only those students were done who were in good health at the time, and aseptic methods were used. The use of the light gauze dressings protected against rubbing of sleeves and possible introduction of infection.

The results from this clinic will be apparent later when these same student-teachers scatter to different parts of the Province and are placed in charge of school-children. The presence of an enlightened and co-operative teacher is often the chief factor in the control of communicable disease in the school-room, and the success or non-success of immunization clinics depends almost as much on the teacher as on School Nurse or Health Officer.

M. R. SMITH, B.A.Sc., R.N.,
Saanich, B.C.

WHAT OF EYES AND EARS?

The great moments when the highlights of achievement play upon the field of endeavour are comparatively few in life and in our chosen work as well.

They do occur, of course, from time to time, as, for example, a big tuberculin-testing campaign such as we had in Chilliwack last fall, with a 90 per cent. satisfactory response from the parents and with results so splendid that not a case of active tuberculosis was found, not even among the older high-school students, among whom one might fear, perhaps, a case or two might be found. Or again the thrill of seeing a child-guidance clinic organized and seeing its excellent services placed in a community and its value increase with the years. Also the day when the Rotarian Service Club decided to make as its great objective a Rotarian dental clinic, which would function as a service taking care of dental defects, especially at first and completely now of those school-children whose parents are unable to shoulder this responsibility themselves. The work and the improvements made in the two years since first it opened cannot be adequately appreciated.

But these are the peaks; in between lies the routine of every day in long stretches. We know it is the constant efforts of each day that really counts. The home visits with a purpose or two; the unremitting attention to details; the interest in individual problems, all of which determine the success of our work. Doubtlessly it is the hard-to-define personality of the health-worker which really means the most and which the people remember the longest.

But to make our routine more valuable and our work more accurate I wish we had a few improvements in the way of good equipment. We find—I know many feel the same way—the ear-testing method, be it whisper or watch test, most inadequate. Last fall, after reading Gates' " Improvements in Reading," especially, of course, the part dealing with vision and hearing tests, I became fired with the ambition to do things better and with greater precision.

In " Improvements in Reading," by Gates, he refers one to write to the McKesson Appliance Company, Toledo, Ohio, regarding these instruments, called " acumeters," for testing the acuity of hearing. They cost $97.50 from the United States and would cost more by the

time we receive them here. Owing to the cost I felt, perhaps, I could not ask for these for the schools at present.

So I made inquiries in connection with the " telebinoculars " for eye-testing. Particulars were received from the Keystone View Company, Meadville, Pennsylvania. Price quoted was $75—probably $85 with excise tax, and so on, by the time received here, and unfortunately prices since then have advanced.

I was very anxious to obtain these telebinoculars and brought up the matter at a School Board meeting. They were in favour, provided the instrument is of value, and naturally wished to see letters recommending it for same. I wrote here and there, but the telebinoculars are not in use in Western Canada, apparently, nor in Eastern Canada either, for no replies were received. Mr. Hudson sent recommendations from various schools and offices in Oregon and Washington and these I expect to present at the next School Board meeting.

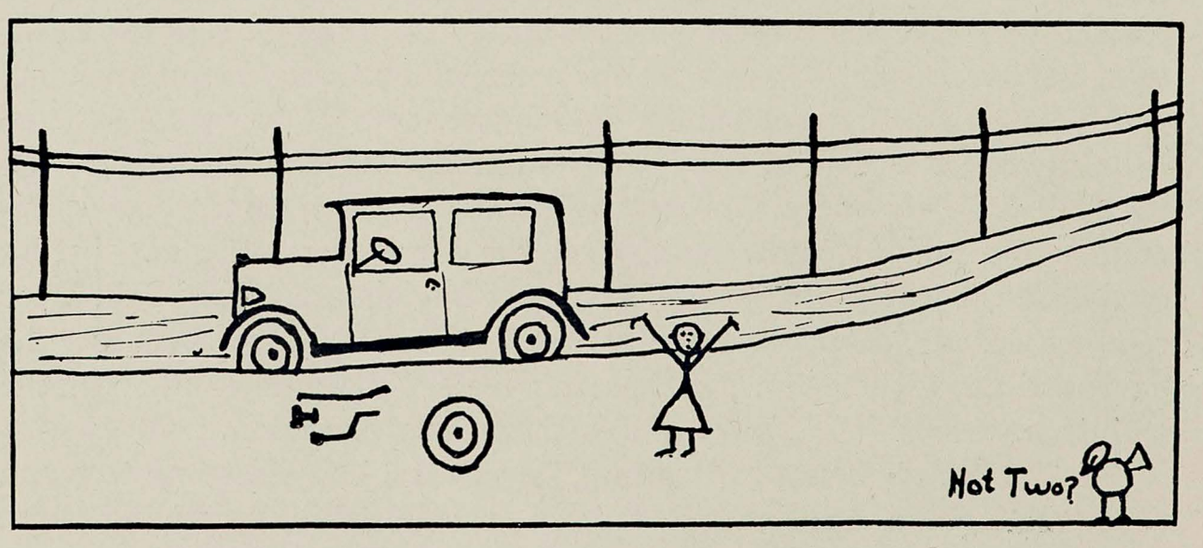
If any of the other nurses know of the value of either of these instruments I would like to hear from them, or if they know where reliable information can be obtained as to their worth I would appreciate it, for, considering that our eyes and ears are the means by which we know the rest of the world, any of these aids in detecting defects early in life cannot, surely, be overestimated.

CLAIRE TAIT, R.N.,
Chilliwack, B.C.

TRANSPORTATION.

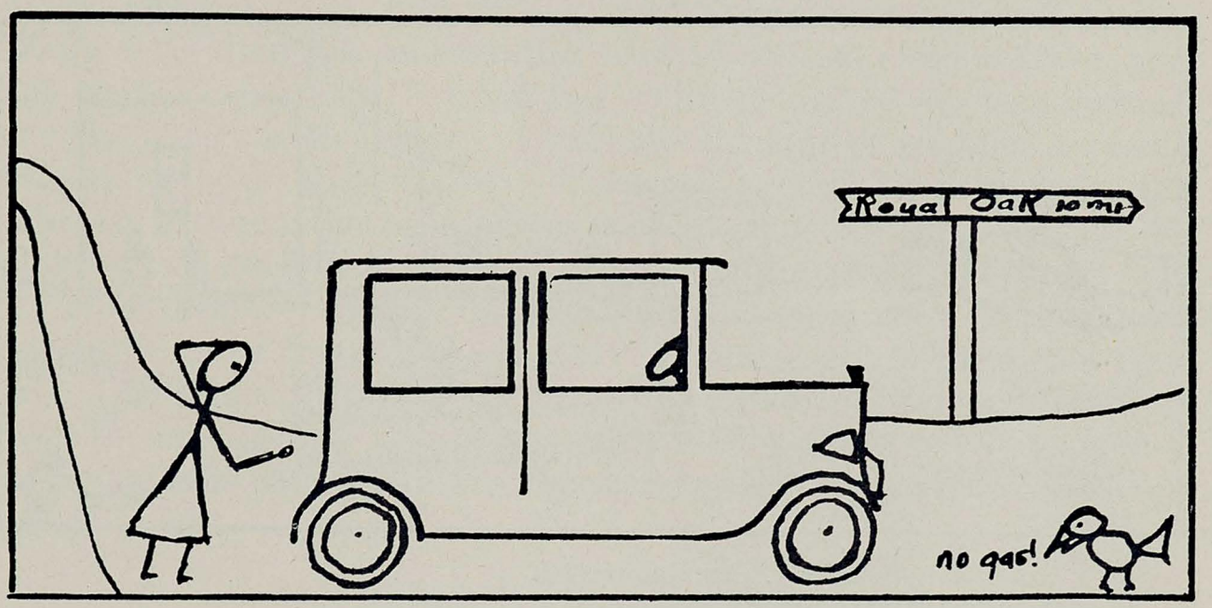
I'm going to write you a fair little ditty,
About one of our nurses in Sweet Garden City;
About trials and worries of car transportation
And how they upset her fine disposition.

She starts in the morning
As fresh as a daisy,
Tho' around about ten
She is feeling quite hazy.



In the course of her travels
She gets stuck in the mire,
Or, what is much worse,
May have a flat tire.

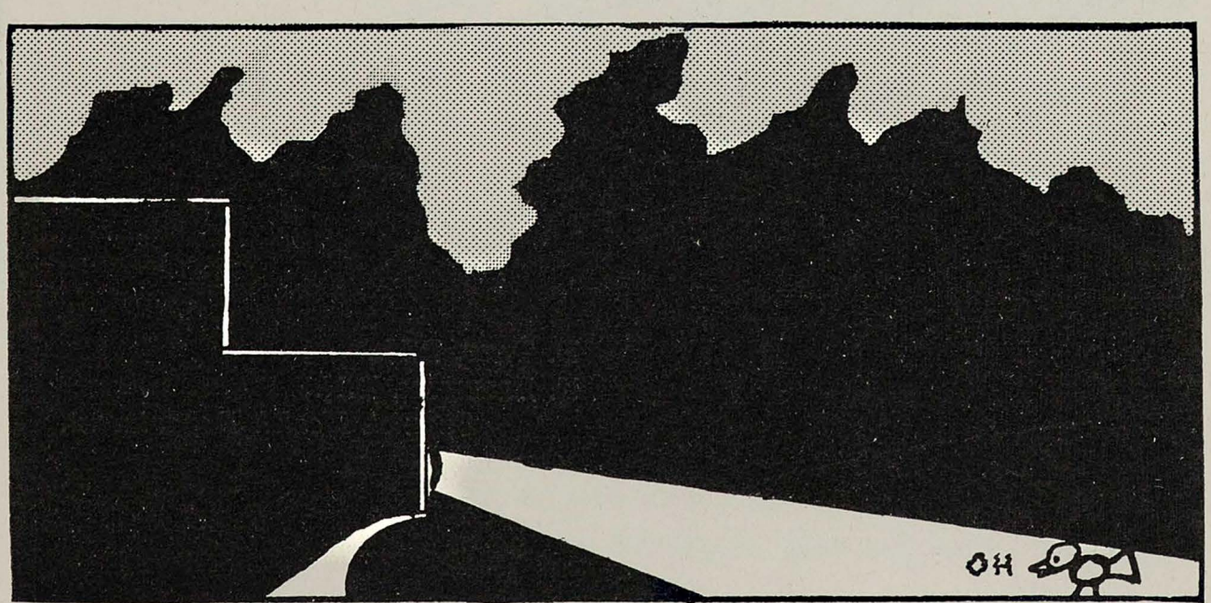
Her arms waving wildly
To people who pass,
She hopes they will help her
And offer her gas.



At night while on duty,
If the telephone rings,
She wonders who *that* is
And grabs up her things.

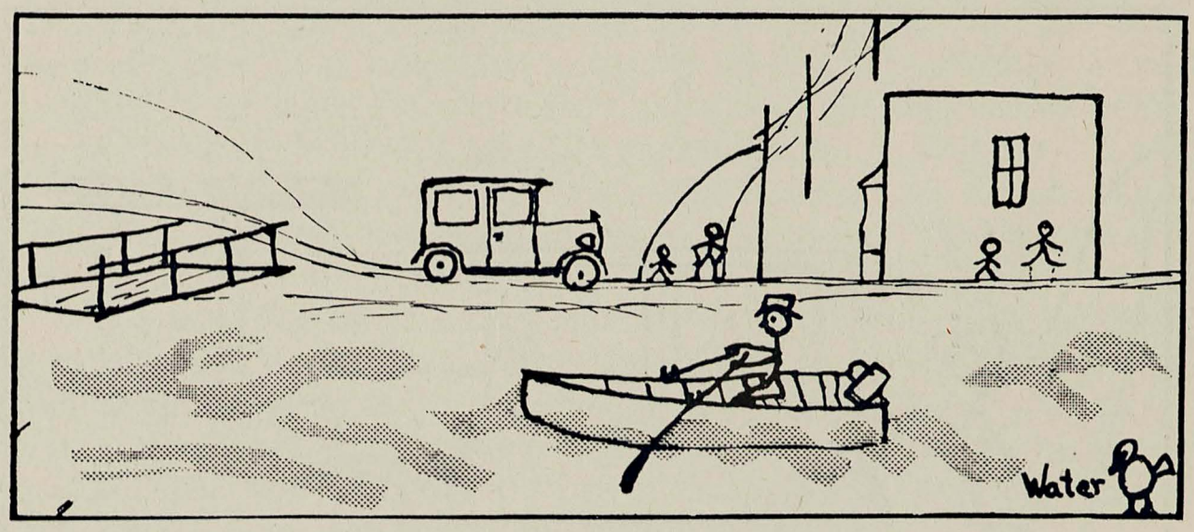
The phone is insistent;
" Oh, nurse," a voice calls,
" Come quickly, my husband
Is fast going bald."

The phone rings again,
This time to suggest,
" My Billie has fever
And spots on his chest."



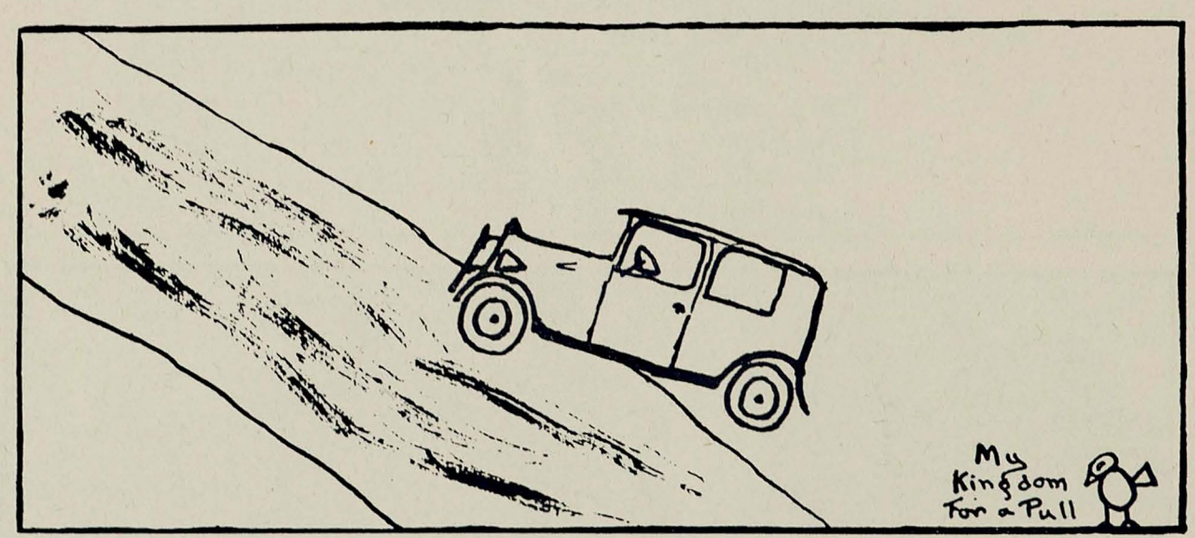
She jumps in her car—
The night's black as pitch—
She steps on the gas,
And goes in the ditch!

On leaving the car
She climbs in a boat,
And then does her best
To keep it afloat.



By the time she arrives
At her destination
She feels very much
Like saying D——!

When at last with her patients
All night she has tarried,
She drags her car home
And decides to get married.



D. TATE, R.N.,
F. FREEMAN, R.N.,
Saanich Health Department.

CONTRASTS.

As I write to-day, with the ground all covered with snow, I am reminded of a beautiful spring day just a year ago. It was a lovely day, one of those green and blue ones so typical of the early spring.

We were holding a toxoid clinic and about thirty-one babies, ranging from six months to four years, had arrived and were waiting for the doctor. They looked awfully sweet all dressed up in pretty pinks, blues, yellows, and whites, with hair all combed and curled. While we waited the conversation centred around child-welfare, and one mother remarked: "I feel just a little bit as if we were leading our lambs to the slaughter. I hate the thought of sticking a needle into these poor little arms." It seemed a good time to draw the contrast between the poor babies who have in the past, for lack of diphtheria toxoid, died the agonizing death of a paralysed throat or a worn-out heart. "What," I asked her, "was a mere pin-prick in comparison to a tragedy like that?" I pointed out to them that they should be grateful for the privilege of immunization against such a disease—and I really think they were. How times have changed—and what contrasts there are between the old ways of doing things and the new!

B. THOMSON, R.N.,
Keremeos, B.C.

A CHILD-STUDY GROUP.

In the 1932 BULLETIN there appeared an article by Miss Kerr on the above subject, but it was not until after her visit last December that we started to organize a group here.

I thought only to start the ball rolling when I invited the first group together and explained the possibilities of such a study, but since a real child psychologist did not appear we have gone on with the study week by week for over a month. Our attendance is not large (average of ten), but we have had some very interesting discussions on food, elimination, clothing, etc. We expect to go on with such subjects as health attitudes, sex-training, emotions of children, play habits, etc., and I am looking forward to these meetings with pleasure for an opportunity to learn about the behaviour of children from the mothers.

We adhere to the discussion method—discussing questions suggested in the helps and those that are introduced by the group.

We use the text, "Parents and the Pre-school Child," by Blatz and Blot, and any other texts which the members may have; also the outline by Jennie I. Roundtree, Ph.D., which has been used in Vancouver study groups.

A similar group of mothers are studying this subject at Naramata. A well-selected committee arranges the subjects for each meeting and appoints leaders.

It seems to me that there are great possibilities in such study groups—possibilities of improving the child's pre-school training, so that there will be fewer problems when school is reached. The attitudes of both parent and child towards health and social problems should also be improved, so that failures in later life will be prevented.

M. A. TWIDDY, R.N.,
Penticton, B.C.

GROWING UP.

The new record system suddenly thrust into our midst seems to have been the skeletal structure necessary upon which to fashion even more securely our fields of endeavour, resulting in its further natural growth and development.

Some signs of advancement have been T.B. records sent from head office indicating known doctors' cases in our district. These cases are then able to receive the additional care which has long awaited them and are no longer at a standstill for lack of closer supervision.

The communicable-disease records compiled year by year are of particular statistical value to ourselves. Tonsillitis and sore throats, prevalent more so in the Happy Valley School area, do not seem to be the result of one causal factor, but rather the influx of poor people into an already impoverished district, where education is at a particularly low level and superstition in some quarters still prevails. It is a gradual process, but they are being removed one by one. This factor may also account for there being fewer toxoids done in the same area. There also lacks a certain amount of impetus from the teaching staff, judging from results obtained from other quarters where a whole school has been toxoided, the teacher giving his wholehearted support. There remains much to be done in this locality to awaken the public's interest and to set into motion communicable-disease prevention.

Prenatal supervision is even more adequate with our new system. We would like to receive a monthly letter from our Relief Officer stating the number of prenatals who invariably come to his attention. Transportations to doctors' offices have been provided.

Infant and pre-school developments have been mostly in the nature of well-baby, dental, toxoid, and vaccination clinics. Transportation also provided.

Our greatest strides have been made this year in the school-work, with the provision of a dental clinic in the Langford Women's Institute Hall, also in the work of the School Medical Health Officer, through Dr. Young providing toxoid for five schools. Transportations being provided to these local clinics have saved considerable time for the nurse and expenditure in gas, etc., for the committee. Tuberculin has also been given whenever necessary in our schools and followed up on the advice of the Medical Health Officer with X-ray at the Jubilee Hospital. Water is being piped into Shirley

School, and we hope this will also be accomplished in our other two small schools.

The dental clinic itself deserves some mention, for it was not without real work that it has been set into action. Each Thursday morning the dentist, with his own nurse, visits the clinic, and works from 9 until 12. He is paid $3 per hour; the charges to patients are $1 for a permanent filling, 50 cents for a temporary filling, and 50 cents for an extraction. Up to the end of February the parents have paid $48, other organizations $41, and the use of hall by Women's Institute estimated at $16; from Dr. Young, $100. Operations to end of January, 136. Forty-five children have been treated and the cost to date has been $33. The nursing committee have generously decided to continue this good work for another year. Collections are slow and the problem of raising money in our district is not altogether easy; however, with some bright new idea, we hope the project will continue. Dr. McCarter has consented to meet both Happy Valley and Langford Parent-Teacher Associations with the express purpose of making the parent better acquainted with dentistry as the dentist knows it. He also welcomes any parent who cares to interview him at the clinic.

Our social service is mainly in conjunction with the Welfare Office in Victoria, where contacts are made and deserving people helped by pensions, blind pensions, etc., or are perhaps given relief. Clothing, food, and bedding are given out from local organizations or from individual givers, as the case may be.

The bigger question of sanitation is primarily for the Medical Health Officer, but some information is required for our records, as, for example, toilet facilities, septic tanks, and sewers, which are mostly inadequate. Wooden houses prevail and water-supply is generally good, but milk-vendors are not at all uniform. I think there should be more tuberculin-tested cattle, so that undulant fever in our district would be a little less prevalent.

Most of the people either rent their homes or have them mortgaged; few own property on their own. The Albert Head project has served to keep many people off relief.

The Public Health Nurse avails herself of contacts made in the City of Victoria, especially in the public-health nursing groups, where problems may be jointly solved.

The case-histories are added to day by day and we hope soon to have them ready for inspection. New daily report forms have been introduced, which serve to record more work done and are an economy and saving to the committee.

There is still a maximum of first-aid nursing done, and assistance is given to people so that they may avail themselves of doctors' services in acute illness; while at the same time we are stressing the preventive side of nursing.

D. WILKIE, B.A.Sc., R.N.,
Colwood, B.C.

GIBSONS LANDING.

After much preliminary discussion by the various branches it was finally decided, in June, to call a Public Health Nurse to take charge of the districts, including Gibsons Landing, Sechelt, Wilson Creek, Roberts Creek, Granthams Landing, Hopkins Landing, and Gower Point, the area of which amounts to about 26 miles by 4. A car also was purchased, though not available till some weeks after the district was opened.

To one coming directly from the Prairie the roads at first seemed all hills and turns, but now in retrospect the Prairies seem terribly flat. The beauty of the scenery still impresses one with its changing moods.

With the close of the holiday season in September, six schools, with an enrolment of 199 students, were listed for visits, and despite the fact that several families have left the district the influx has dominated and we now have an attendance of well over 200.

The pioneer work of discovering the infants and pre-school children has resulted in an encouraging list of children, and the contacts thus made will undoubtedly prove their worth still further as the work progresses.

Our first child-welfare clinic was started in January, and while the attendance was not high—the weather being unfavourable—we feel encouraged by our efforts in that direction.

Diphtheria immunization is the leading topic at the present time, and we hope before very long to be really active along these lines.

Whilst there are many pensioners in this locality, their demands have been few, possibly due to the combination of a quiet life and a good climate.

In the early fall a class in St. John Ambulance " first aid " for senior girls was organized and completed satisfactorily, and from the enthusiasm aroused through this group we were obliged to organize an adult group, which, according to regulations, is being taught by one of the local doctors.

Some one from afar has, in writing, remarked that Gibsons Landing had a lonesome sound. I am sure if they were here they might be convinced otherwise, apart from the fact that the trip to Vancouver is only two hours on the boat practically any day. Even yet the trip to town each month savours of an adventure, for there is always so much to do and see in the big city.

LILLIAN A. WOODING, R.N.,
Gibsons Landing, B.C.

ON REGULAR YEARLY DENTAL CLINICS IN THE PEACE RIVER HEALTH UNIT.

For the past three years, 1935–36–37, since the Peace River Health Unit was organized, we have held dental clinics throughout the Block each year. These were made possible through the co-operation of the Provincial Board of Health, which paid the cost of materials, travelling and incidental expenses, and the Official Trustee paid the salary of the dentists, who came in from Vancouver.

A very interesting and important work is being done by these clinics from several angles.

(1.) Absentees from schools because of toothache is a thing of the past.

(2.) The dentists have helped a great deal in stimulating the interest of the parents and children in the care of teeth with relation to general health.

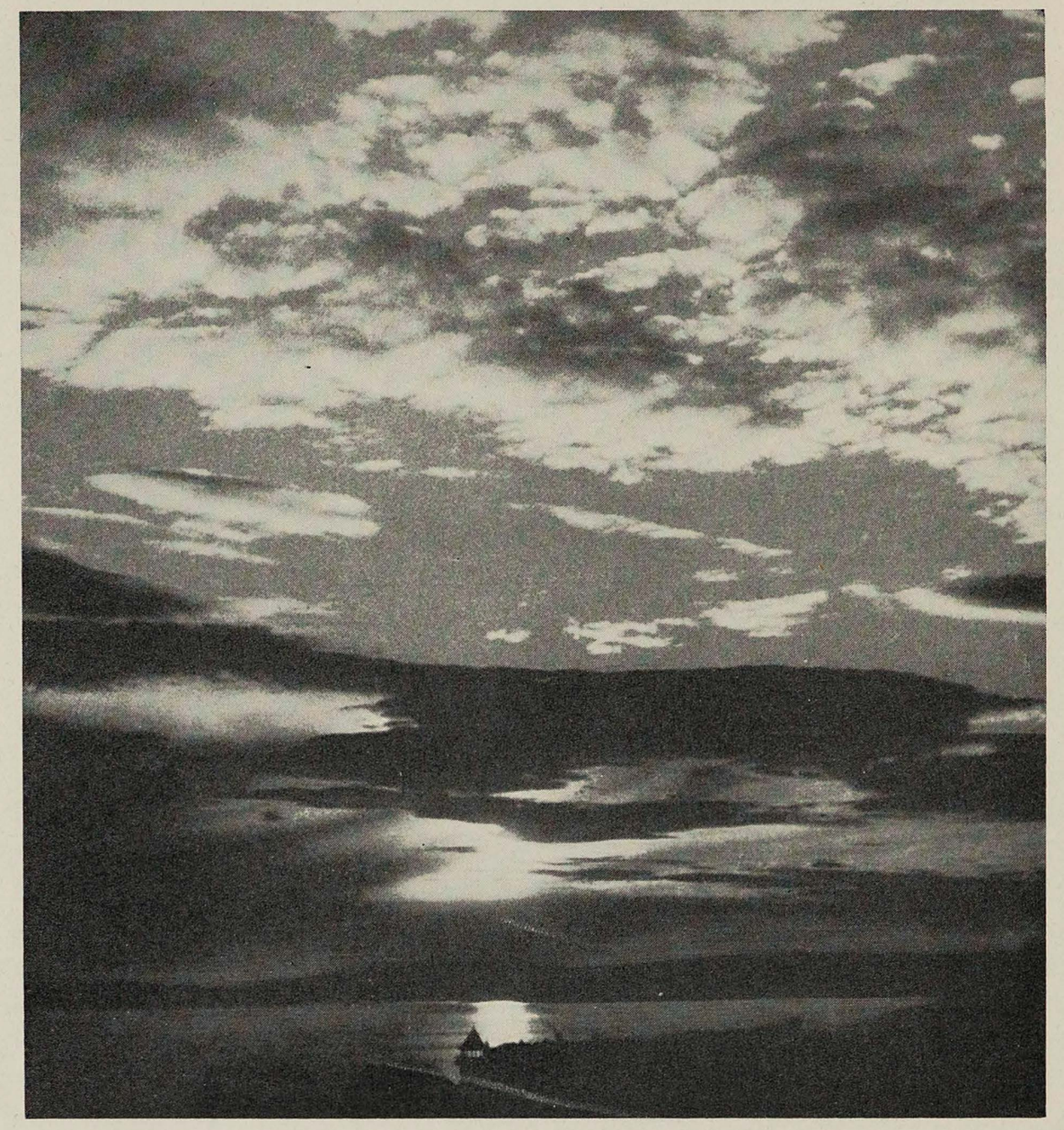
(3.) Extractions have been reduced over 68 per cent. in 1937 over 1936.

(4.) Generally speaking, this work could not otherwise have been done because of financial circumstances.

Years show that a child will develop, on the average, slightly over one cavity per year and also show how quickly teeth will deteriorate with the lapse of one year's treatment (Fort St. John and Rolla received treatment in 1935 and 1937 but not 1936), as in the case of Fort St. John and Rolla, where treatment was not carried out in 1936. It can be understood that yearly treatments of teeth become more a preventive type of work, as a cavity in the course of a year is small and danger to general health is greatly reduced, as also the possibility of extraction of teeth is reduced. Here it may be added that costs are also reduced. In the Peace River Health Unit the cost per child for the year 1937 was reduced to 20 per cent. per child over 1936, and the cost per operation to 10 per cent.

The cost of yearly clinics is high, but we consider it very necessary and would like to see it continued. It would seem reasonable to suppose that a resident dentist would be the solution to cheaper operation of dental clinics in the Block. This would of course eliminate the costs of travelling to and from Vancouver. This would also be advantageous from the point that some arrangement could be made to have children treated who may need immediate care. It is believed that a resident dentist could make a good living doing private work and in this way could do our special work considerably cheaper.

PAULINE YAHOLNITSKY, R.N.,
Progress, B.C.



" The end of the Day."

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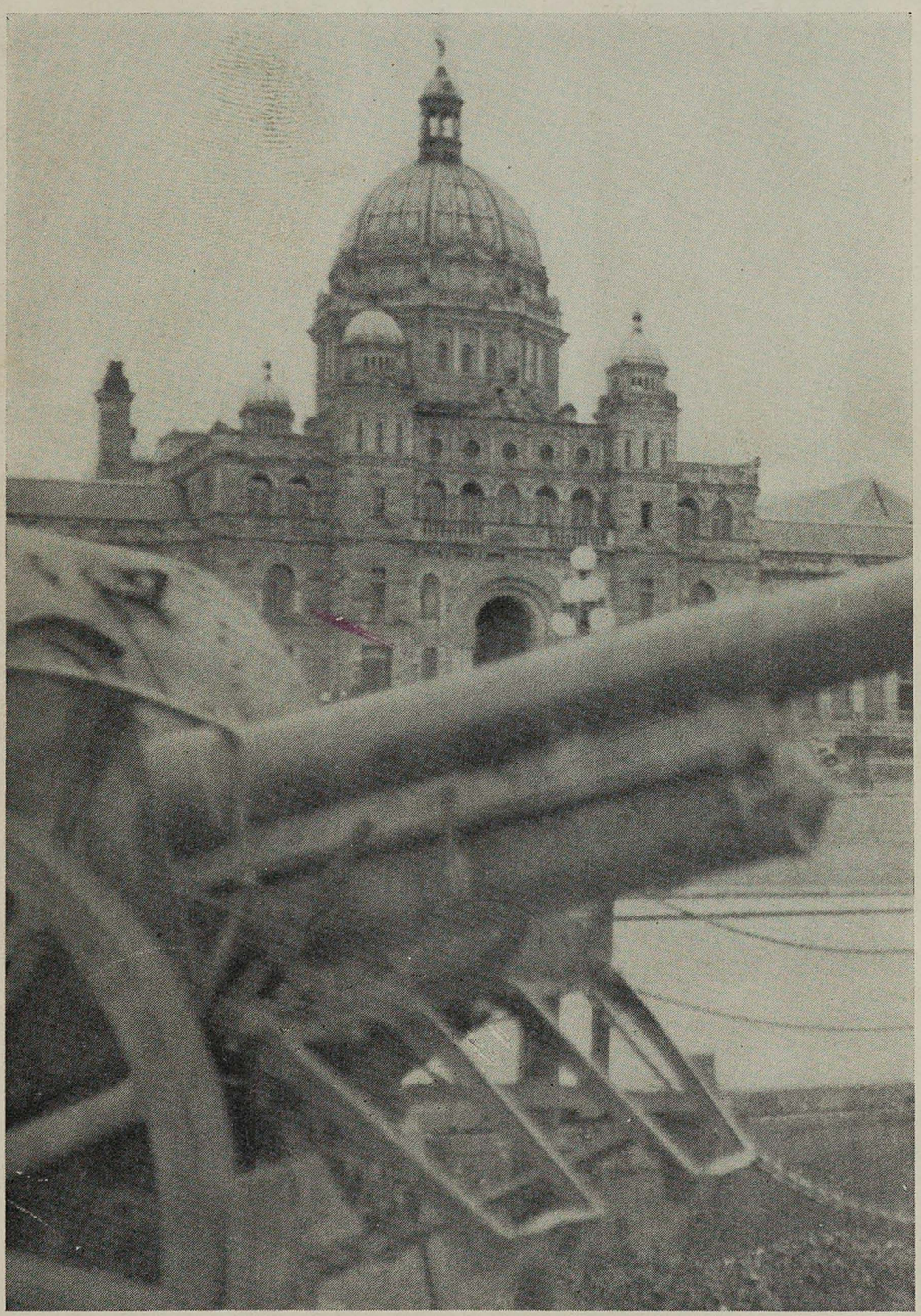
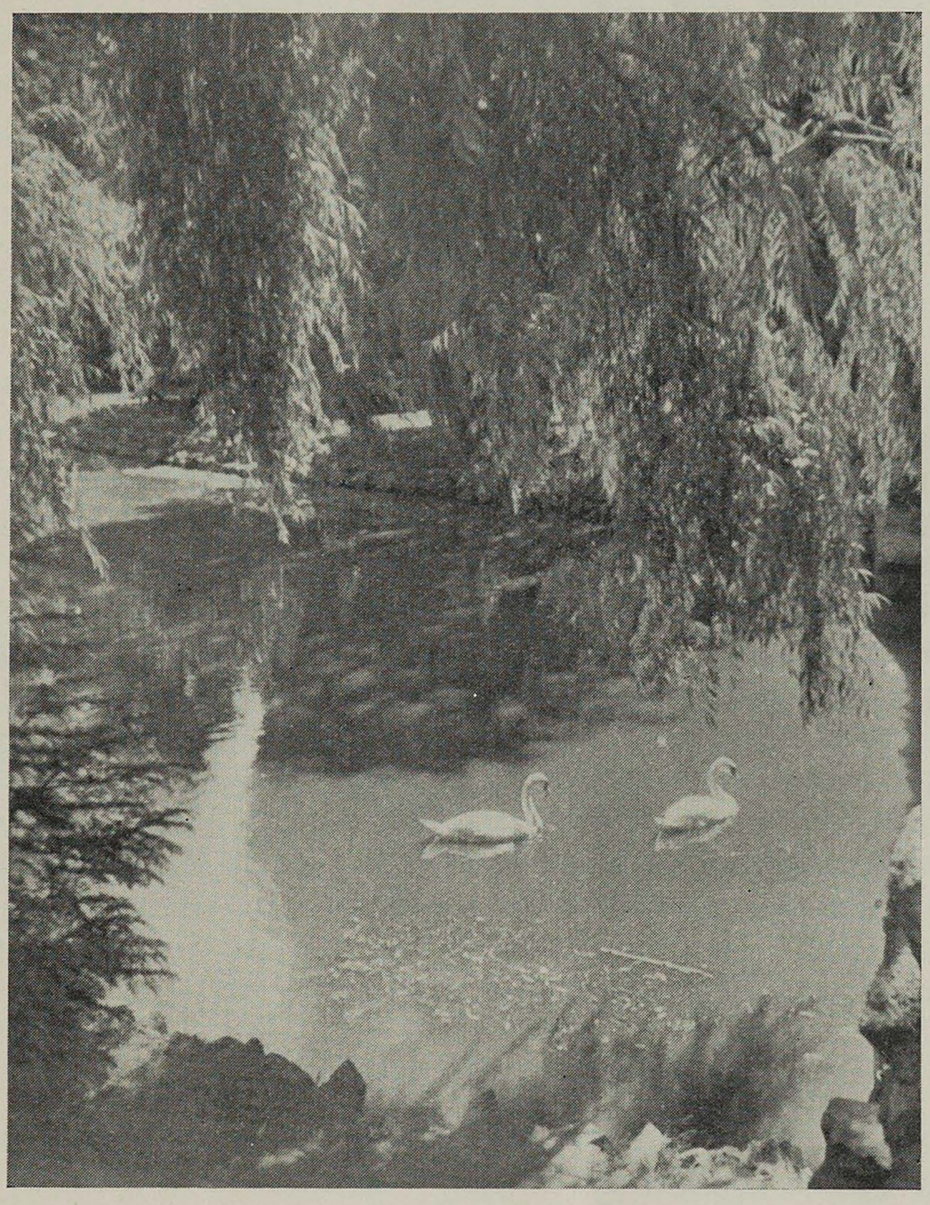


We salute Their Majesties. Long may they reign.

EDITORIAL.

To the nurses one and all we give a new type of Bulletin that has been carefully prepared along the lines of certain topics. We feel sure you will like this new Bulletin and know that you will derive much pleasure and profit in its perusal.

B. J.



Peace.

TABLE OF CONTENTS.

THE VALUE TO AN OUTLYING UNIT OF ITS AFFILIATION WITH THE METROPOLITAN HEALTH COMMITTEE.

The development of the health programme in Vancouver, as in most large cities, was based on the organization of specialized health services. Following the trend of public health thought, there was a feeling in some quarters that an amalgamation of the specialized services would be desirable. It was not, however, until a critical situation arose, necessitating immediate consultation between Provincial and city health authorities, that the difficulties involved became apparent, and that machinery was set in motion to analyse the situation.

Under authority from the Provincial Board of Health, a plan was outlined whereby all health services would be centralized under one head. Quoting from the reported plan submitted in 1936, the Division of Public Health Nursing was to include school health, child-welfare, and tuberculosis programmes. The organization to be known as the Metropolitan Health Committee was planned to include the Greater Vancouver area and near-by municipalities willing to participate, and started functioning in 1936.

The City and District of North Vancouver has had, since 1930, a full-time Health Unit, in which a generalized programme has been developed to meet the needs of the community. The Unit office is situated in the North Vancouver General Hospital, which brings us into close contact with the medical profession and the hospital authorities. Child-welfare, school health, tuberculosis and communicable disease control comprise the programme of the Unit.

The inclusion of the North Vancouver Health Unit in the organization of the Metropolitan Health Committee did not necessitate any significant change in the programme already in operation. Certain theoretical advantages may be said to accrue as the result of this amalgamation of an outlying unit with the larger organization.

After a period of over two years it may be of interest to the public health nursing groups to review the advantages that are apparent.

Contact with a Larger Staff.

A small group has a limited opportunity for active discussion and is apt to carry on from day to day without much change. Where contact with a larger group of public health nurses is possible, the experiences and ideas of others are introduced with advantage to the smaller staff. An experiment conducted in one unit will result in conclusions which another unit may use profitably. If a judicious selection is made of those conclusions shown to be good, much time and effort may be saved.

Consultation with Specialized Supervisors.

The Public Health Nurse working in a district meets problems, in dealing with which she may feel that she needs some guidance. As at present set up the Metropolitan Health Committee has special-

ized supervisors for the divisions of Child-welfare, School Health, and Tuberculosis Control, whose function it is to advise in their respective fields. One advantage gained by the North Vancouver Health Unit, in amalgamation, has been the addition of this consultant service to its staff.

Inclusion in a Staff Education Programme.

There are many difficulties to be encountered when a Public Health Nurse wants to keep herself up to date in her knowledge of medical, nursing, and public health practice. Individual effort is important, but for the members of a small staff there are few incentives and limited opportunities for gathering information other than by reading. Where plans can be made for a group of forty or so nurses, the available resources are much greater. The Metropolitan Health Committee, recognizing the value of continuous education, arranges regular meetings at which all members of the public health nursing staff are present, and to which various speakers are invited. These speakers, because of their work and experience, are able to tell us of new treatment and preventive measures, to interpret the work of other organizations in the community, and to bring stimulating material of value to the Public Health Nurse.

There has not been time since the date of amalgamation to justify any evaluation of advantages or disadvantages. Account should be taken of the fact that a small city situated so near a much larger one presents a type of community development that is in many ways unique. Undoubtedly when in future the amalgamation, not only of North Vancouver but also of other neighbouring municipalities, with the larger centre is of longer standing, other advantages to the communities such as ours will become apparent.

Norah E. Armstrong, R.N., B.A.Sc.

THE VANCOUVER ISLAND UNIT OF TUBERCULOSIS CONTROL.

The Vancouver Island Unit of Tuberculosis Control is comprised of both stationary and travelling clinics, with headquarters in Victoria. The stationary clinic is under the supervision of Dr. Frederick Kincaid, and the travelling clinics, while operated by the staff of the Victoria Unit, are under the general supervision of Dr. Gordon Kincade in Vancouver. Working in conjunction with Dr. F. Kincaid are three part-time medical men, one nurse, one part-time social worker, and three part-time nurses up-island, mention of whom will be made later. There is bed accommodation in the Pavilion, Royal Jubilee Hospital, for 40 patients, receiving active treatment; 21 in the Infirmary Quarters at St. Joseph's Hospital; 19 for convalescents in the Villa at St. Joseph's Hospital. In this connection it may be

stated that all beds in the Province are pooled from the Head Office in Vancouver, and the Victoria beds are not kept for island cases only. At the end of the year 1937 all cases in the Island register were reviewed and tabulated as follows:—

(1.)	In hospital under the Tuberculosis Division	57
(2.)	At home, but under treatment or close observation (cases not necessarily open)	140
(3.)	Cases at home (all definitely closed)	506
(4.)	Total number of cases on Island register Dec. 31st, 1938	703

These figures show an improvement over previous years. Indian patients are not included in these figures as they come under the Department of Indian Affairs of the Dominion Government. A small but inadequate start has been made in caring for these people.

The clinic nurse is on duty in the clinic every morning receiving cases, taking histories, giving tuberculin, and generally assisting the examining Medical Officer. During the past year the nurse spent two to three half-days per week visiting cases in their homes, having made 796 visits in 1938. These visits took the form of following up cases discharged from hospital, looking up contacts and patients who had failed to keep their clinic appointments, and giving instruction wherever possible. Whenever a social problem arises, it is handed over to the Social Worker. All cases requiring bedside care are referred to the V.O.N. These cases are very few, as most of such are in hospital.

Special efforts are being made to bring in all known contacts of active cases for examination. This has made a considerable increase in the work of the clinic nurse, who has found it necessary to curtail the visiting of old, inactive cases who attend at regular intervals for examination, so as to concentrate on finding contacts and the supervision in their homes of the comparatively few active cases. The inactive cases are not overlooked and every one of them has a definite appointment for re-examination in the clinic and is followed up if the appointment is not kept.

The foreign population of Victoria consists of British Indians, Japanese, and Chinese. The nurse has had no difficulty with the two former, but with the Chinese it has been different. Owing to the language problem and no clear understanding of the nurse's motives, little or no progress has been made. The Unit has been fortunate now in enlisting the co-operation of the head of the Chinese Benevolent Society, who is also the head of the Chinese Hospital, and of the Reverend Clarence Lee, Chinese Priest of the Good Hope Mission. This Mission works for the Chinese people under the direction of the Anglican Bishop. By this means we hope to make a better contact with these people.

The Occupational Therapy Department undertaken by the Kiwanis Club and financed by the local Christmas Seal Fund, has made great progress. There is a work-shop and a store. A trained occupational therapist is in charge. Thirty-three patients have learned handicraft in the wards, thirty-seven attended the work-shop. The majority of these were in the convalescent wards. Some were out-patients who attended daily. Thirty-four took educational courses in high school work and ten Indians in elementary work. Some of the thirty-four were patients in homes.

Travelling clinics are held at the following up-island centres: Duncan, Chemainus, Ladysmith, Nanaimo, Cumberland, Campbell River, and Port Alberni.

During the year 1938 the number of clinics held and the average number of patients seen were as follows:—

Duncan	10 clinic days—	160 patients.
Chemainus	4 clinic days—	61 patients.
Ladysmith	5 clinic days—	71 patients.
Nanaimo	16 clinic days—	310 patients.
Cumberland	11 clinic days—	214 patients.
Campbell River	3 clinic days—	42 patients.

It was formerly the policy of the Victoria Unit to have the clinic nurse travel up-island with the doctor, assist at the clinics, take X-rays, give tuberculin, etc.; but it was found that the periodic contact at the time of the clinic was not sufficient and that the nurse's work suffered in Victoria during her absence. Three part-time nurses have been added to the staff and the contact is now continuous over the whole territory. One was taken on in December, 1936, at Port Alberni; one in December, 1936, in Cumberland, covering Comox and Courtenay as well; one in August, 1938, at Nanaimo, covering as well Chemainus, Duncan, and Ladysmith. These nurses arrange the appointments, see that the X-rays are taken (now being taken by the local hospitals), sputum tests made, and so on. They assist the travelling Medical Officer at the clinics and in every way try to co-operate with the Public Health Nurses. The Victoria clinic nurse made her last visit up-island in June, 1938. Pneumothorax treatments are given in Ladysmith every two weeks by one of the Victoria doctors. About eleven patients receive treatment each time.

When a new case is diagnosed a special "P.H.N. No. 7—green form" is made out in duplicate by the Unit. These forms are sent out to the nurses. In Port Alberni and Cumberland to our special workers and to the Public Health Nurses in Nanaimo, Duncan, and Ladysmith. In the outlying districts where there is no nurse, the P.H.N.'s are sent to the Welfare Worker. A short report on patient's home conditions and financial status is entered on the forms and one copy sent to Miss J. B. Peters, R.N., Provincial Supervisor of Tuberculosis Nursing, at the Central Office in Vancouver. When a patient moves from one district to another this form is sent to Miss Peters, who forwards it on to the nurse or Welfare Worker in the district

to which the patient has gone. The person who receives the copy of the P.H.N. is responsible then for that case.

A considerable amount of educational work was done during 1938 by the Unit in the way of distribution of literature and lectures to the nurses by the Medical Director. At the Fall Fair, 1938, a booth was erected by the Occupational Therapy Department. This booth displayed samples of work done by the patients—X-ray films of chests in various stages of disease—and an illuminated map showing the different Units and treatment centres in the Province. Literature was distributed freely. This was conducted for a week by Miss J. Peters, assisted by the clinic nurse, the supervisor of the Tuberculosis Pavilion, and student-nurses.

There may be some cases still unknown to the division, but as time goes on, with such an intensive programme, these will of a necessity be steadily decreased, which is the object of the Division of Tuberculosis Control.

NELLIE MOORE JONES, R.N., P.H.N.

PUBLIC HEALTH NURSING IN THE PEACE RIVER AND IN COWICHAN—A COMPARISON.

Cowichan Health Centre and the Peace River Health Unit—two Public Health organizations with the same aims and objects, and yet what a contrast can be drawn between nursing as carried out in the two places.

Cowichan Health Centre has its headquarters in Duncan, an old-fashioned town situated in the valley of the Cowichan River, on Vancouver Island. Duncan—a town in the centre of a district spoken of as "a little bit of Old England," a town with a certain quietness and reserve often found in older places. Small farms are dotted around this country of lakes and rivers, valleys and densely wooded hills; where the roads wind and twist from one place to another and buses and cars go by all day, for the main Island Highway passes through the town.

The Peace River Health Unit has its headquarters in Pouce Coupe, a village of two to three hundred inhabitants; it is situated in that part of British Columbia known as the Peace River Block, a few miles from the Alberta Boundary. This village, in which are located all the Government offices for the Block, ceased to grow when the railroad passed 6 miles farther on to Dawson Creek.

To a country like the Peace River, a railroad is the one link with "outside"; to it is brought all that is produced in grain and stock. Farmers cannot prosper unless they can get a market, and so Dawson Creek has grown quickly, for as "end of steel" it is the shipping centre for the surrounding countryside. All around the town can be seen fields like squares in a huge patchwork quilt. No matter what hill or rise you reach, always in the distance you see an open

field. The roads here run perfectly straight for miles, following the edges of these fields.

This brief description will serve to show the difference between the two types of country in which the nurse must carry on her work.

Public Health Nursing in the Peace River and in Cowichan is affected, primarily, by the contrast in the two health organizations. For instance, the nurse who works in Cowichan is working in a Health Centre, and is actually employed by a committee of women representative of the community. The Health Centre is supported to a large degree by the people of that community, with the help of grants from the Provincial Board of Health and the Department of Education. We may consider Cowichan Health Centre, then, as essentially a community project, depending for its existence and support on the good-will of the people whom it serves.

In the Peace River, the greatest advantage that a nurse has, is the fact that she is working directly under a full-time Medical Health Officer, and only those who have worked in two such places can realize what this means. The Medical Director is responsible to the Provincial Board of Health which, with the Department of Education, finances the Health Unit. Perhaps because of this there is not that feeling that the Unit belongs to the community. The more prevalent idea seems to be that the Public Health workers are Government employees, rather than employees of the community, as in Cowichan.

Insensibly, this attitude on the part of the public makes work in the two districts differ, particularly in regard to the public's relations with the Centre and the Unit, and all each stands for. In the first instance the people seem to feel that the nurses belong to them, that the people also have a responsibility to help in carrying on Public Health work. This feeling is helped, too, by the fact that the Centre has been established for so many years; from nearly twenty years ago, when it was a Red Cross centre with one nurse, to the present day when there are four fully-qualified Public Health Nurses on the staff. Those for whom the Centre works have seen it grow and helped to make it what it is to-day.

In contrast, the attitude toward the Unit is much more impersonal. People seem to realize and appreciate what is being done but, as yet, their appreciation is more or less limited by their understanding of what Public Health means in a community. In the comparatively short time since the Unit has been organized, an amazing amount of educational work has been done, and it would seem that as the general public's understanding of Public Health grows, so will grow their co-operation with the Public Health workers.

The general programme carried out in the two districts is the same, but the contrast lies in the difference in organization and in climatic, geographic, and topographic conditions. Considering then the work done in the schools; in Cowichan, in an area of some 600 square miles, about twenty schools are under the supervision of five different Medical Health Officers, and four nurses, who are all sta-

tioned at Duncan. Sixteen of the schools are visited weekly, the remaining four monthly, the most distant school is approximately 38 miles from Duncan and the majority are within a radius of 25 miles. Most of these lie on, or close by, one or other of the main highways, and can be reached all year round except in exceptional winters. At no time is the weather too severe for the nurses to venture out. Thus the schools can be visited regularly, on the same day every week, and the people of the various districts have learnt when to expect the nurses.

The contrast between this programme and that in the Peace River is outstanding. The Health Unit serves the entire Peace River Block, an area of some 7,000 square miles, over which are scattered the fifty-six schools that are under the supervision of one Medical Health Officer and four nurses, with two part-time nurses in two of the most isolated districts. The distances travelled vary from 5 to 150 miles, and the nurses have been stationed in four of the most thickly populated districts in the Block. In general, it is planned to visit each school monthly with the exception of those which, owing to distance and inaccessibility, are visited yearly.

A description of a trip taken each year by the doctor and nurse will serve as an illustration of what is meant by " inaccessibility." On a Monday morning they leave Dawson Creek to examine the school on an Indian Reserve at Moberley Lake. It is a rainy day, early in October, and the car slithers and slides all the 50 miles to the Peace River. The roads across the river are drier and the next 15 miles to Fort St. John are covered quickly, then from Fort St. John west along a road that follows the river, to a point known as the " Halfway." A perilous crossing is made with the car balanced on two planks placed crosswise on two small flat-bottomed boats. The 30 miles of so-called road from Halfway to Hudson Hope are passable only if dry; otherwise the journey must be made up-river by boat. Hudson Hope is reached that evening and a stop is made overnight. Next morning the river is crossed and nurse and doctor stow themselves in a large, springless wagon, drawn by two small horses. They prepare, as comfortably as possible, for a 28-mile journey over a rough pack-trail. Fortunately, it is a glorious day and they enjoy some magnificent views of the distant Rockies. Their destination at Moberley Lake is reached after sundown and they spend the night at the home of the only white settler there. Next morning the school is visited, all the children examined, weighed, measured, and eyes tested. Any necessary home visits are made, then all pack once more into the wagon. In a thick snowstorm, and pursued by a noisy pack of six or eight large dogs, they make their way along the edge of the lake, passing log cabins and Indian wigwams. Late that night they reach Hudson Hope and, fed and warm again, fall into bed. Next morning the school at the Hope is examined, various home visits made, the boat is loaded and off down the river that afternoon. Into the car at Halfway and Fort St. John is reached at 10 p.m.

Another night in the hotel, an early start next day and back at the starting-point that afternoon. Approximately 300 miles by car, boat, and wagon have been covered to examine two schools.

This trip could have been, and a few years ago was, much more difficult. It is only lately that roads in the Peace River Block have become passable for cars. Formerly the Unit staff had to travel nearly all winter by team, and even now it is only the more travelled roads that are kept open. The nurse does not know from one day to the next whether she will be able to travel. The thermometer has been known to drop from 40 above to 40 below in twelve hours. An inch or so of snow does not sound harmful; yet, if a stiff wind rose, in an hour or two that 2 inches would be swept from the huge open fields, to be piled on the roads in drifts 2 or 3 feet deep. In warmer weather, there is always the question of whether it will rain. A few hours of rain and the road may become a mass of sticky mud, into which the car will slowly sink and remain until pulled out by some team. Always work has to be done "weather permitting."

Considering what is actually accomplished in the schools, the greatest difference between the Peace River and Cowichan is in the correction of defects among school children, with the balance heavily in favour of the former.

This excellent progress has been achieved to a great extent by the fact that fifty-three of the schools are consolidated into one unit, the Peace River Educational Administrative Area, under the direction of one administrator who is Inspector of Schools and Official Trustee. This enables the parents to make arrangements regarding payment for the removal of tonsils or procuring of glasses. The Official Trustee pays for the correction and the parents repay him by cash or, in the majority of cases, by doing work in the various schools. There is no reason, then, why any child should suffer because his parents cannot afford to have him treated. All the nurse has to do is to procure a signed agreement from the parent and see that the child is taken to hospital or to the oculist.

Dental-work is done by a Dental Clinic which is financed by the Provincial Board of Health and the Official Trustee. All school and preschool children are examined and treated yearly free of charge. To one who has worked among children at the Coast, it is a continual source of amazement to see children with sets of perfect or almost perfect teeth; the result in part of regular dental supervision.

Contrast this condition with that at Cowichan where twelve children a year may be treated at the hospital free of charge, where glasses are sometimes supplied at a reduced rate, and where dental-work is carried out only when sufficient money can be raised to carry on a clinic. As a result of this, only the very worst of the defects of those who cannot afford to pay can be corrected. In most cases where there is no money there is no work done.

Except for dental treatment infant and preschool welfare is more complete in Cowichan. Owing to distances and weather conditions in the Peace River it is almost impossible to pay regular monthly visits during the winter months. There is a difference, too, in the parents' attitude towards the Public Health Nurse. In Cowichan mothers will call or telephone the nurse to a far greater extent. Mothers in the Peace River are more independent, probably because it is only so recently that they have been able to get assistance.

Perhaps, while independence is being mentioned, we should touch on bedside-nursing. In Cowichan a great deal of the nurses' time is taken up with this work, necessary no doubt, but not actual public health. Only in an emergency is bedside-nursing done in the Peace River. The very ill are taken to hospital, those at home are taken care of by some member of the family or a capable neighbour.

One last contrast may be found in the work done in sanitation. In a country like the Peace River, where the water-supply is so limited and uncertain, where sanitary arrangements are so primitive, good sanitation is of vital importance. Wells in this country are scarce and the water generally not drinkable. The majority of people use ice-water in summer and melted snow or ice in winter. In the country districts, surface water from dams and scoop-outs is used, often for the family as well as the stock. The possibility of contamination of such a supply can easily be imagined.

An intensive educational programme is being carried on by the entire staff of the Health Unit. People are being taught the value of chlorination of all drinking-water and chlorine outfits are being distributed. The placing and care of out-houses and protection from flies are stressed. Clinics for typhoid immunization have been and are being held at various times. In Cowichan, where drainage is good, wells numerous, and the water-supply sure, sanitation presents few problems.

To a nurse who has worked in two such districts, the greatest contrast would seem to be these.

On the one hand she is working with five part-time Medical Health Officers, under all the disadvantages this entails. She is working in an old-established centre in a district quite densely populated, where roads are open all year round, where weather conditions permit nurses to travel everywhere, and where the public have become more or less educated as to Public Health and what it means.

On the other hand, she has the great advantage of having one full-time Medical Health Officer. She is working in a new unit, in a new country, among a scattered population, where distances are great, travel often impossible; where any work depends on the weather; where the people are just beginning to realize what is meant by Public Health, and where there seems to be such scope for further work, so many new things to do.

ANNIE S. LAW, R.N., B.A., B.A.Sc.,
Dawson Creek, B.C.

THE REBIRTH OF A PUBLIC HEALTH SERVICE.

It was my good fortune, last September, to be sent to reopen a Public Health Nursing Service at Port Alberni.

I am the first "School" Nurse to be appointed. There have been Red Cross Nurses here in the past, who served a large district and visited various schools; but the last one, Miss Grierson, left several years ago, and her place has never been refilled.

My appointment is through the Port Alberni Public School Board, and I visit only the two elementary schools in the city and a high school with two hundred students which serves the entire surrounding district. Until the end of January I also went to the Alberni elementary school, but differences arose between the two School Boards and the service to that town was dropped. I have about 900 school children under my care, and hope before long to have a baby clinic and do some prenatal and preschool work. There is a nurse, Miss Wood, already in charge of the tuberculosis work in the district, so that I have little to do with that branch of the service.

Port Alberni is a seaport town of some 4,000 inhabitants, situated on Vancouver Island, at the head of a long natural canal which runs inland for about 30 miles from the Pacific. It is hilly and straggling, and divided into sections by two deep ravines, which make travel difficult. It is an outgrowth of the older, more residential town of Alberni, and came into being in 1912 when it was discovered that deep-sea vessels could come up the canal without risk. There are two large lumbering companies in the town, and long, grey freighters from all parts of the world wind their way up the narrow channel, spend a few days tied up to the timber-laden wharves, and leave with their decks piled high with freshly-sawn hemlock and Douglas fir. Fishing is also an important industry, and the broad expanse of water in front of the town is alive with small craft, crawling slowly upstream with their catch or chugging briskly off towards the ocean to set their nets or trawl for salmon along the coast.

Our children come from the homes of loggers, business-men, millwrights, and fishermen. There are Japanese, Chinese, Hindus, and Europeans, and many spring from sturdy Scotch fishing-village stock. Earnings are small, but there is little real misery or unemployment; and the children, on the whole, are adequately clothed and fed. They are rather pale and peaked, perhaps on account of the heavy fogs that cling obstinately to the walls of the valley and blot out the rays of the sun.

Port Alberni is growing rapidly. A few years ago a large new sawmill was opened, which meant new logging camps up the valley and new businesses opening up in the town. There was a shortage of houses. The school and sanitary arrangements fell suddenly behind the needs of the people. The harassed city fathers are doing all that they can to meet the demand, but as fast as houses fall vacant new families arrive, and children are being taught in several small wooden buildings which would in the ordinary course of events have

been abandoned when the new and modern main school was built. There is no space on the school-grounds for a nurse's office; but I have been provided with a room at the City Hall, which is proving very satisfactory as it is more convenient for parents wishing to consult me.

The appointment of a School Nurse was made in response to strong public feeling that such a service was needed. The Parent-Teacher Association had played a large part in getting the appointment made, and within a few days of my arrival invited me to speak at their meeting. The teachers were unfeignedly glad to see me. They had worked hard, during the years that the school had been without a health nurse, to check epidemics and get physical defects corrected; and they were glad to be relieved of their burden. The children themselves were tremendously impressed, and within a few hours of my first school visit were greeting me all over the town with loud " Hullos " and excited whispering that " Here comes the School Nurse! " All this was very helpful, for it is nice to come into a perfectly strange district and be welcomed as an honoured guest.

So far, I have been able to do little more than gather information and build up my records. The medical examinations were not completed until December, and the task of visiting parents and talking over the possibility of getting defects corrected has only just begun. Miss Wood and I have just finished a tuberculin test of all children in their first year of school, and the two positive cases have been examined at the Travelling Clinic and their environment checked.

The townspeople are almost hysterically nervous about epidemics, possibly because there has not for some time been an organized health service in the schools. During the autumn there was a slight outbreak of a very mild type of scarlet fever. The schools reported about one case a month, and there were perhaps an equal number of cases among preschool children; but the general public was convinced that the whole town was alive with cases, and many and oft were the rumours that the schools were about to be closed down! Partly to reassure the parents and partly to cut down loss of school-time, an immunization clinic was held at the Alberni elementary school, and 113 children were treated with scarlet fever toxin. Several more were given the treatment by their own doctor, and the spread of the disease was effectively stopped. There have been no cases reported in the Port Alberni school since the opening of the spring term.

About the middle of February a case of smallpox broke out on board a boat in the harbour. It was quickly under control, and it is very doubtful if the town was ever in any real danger; but the longshoremen who had been on the boat bore the news home, and within a few hours the whole place was in a panic. The teachers wondered whether or not the children of these longshoremen should be excluded from school. The townspeople searched themselves for

spots. One man burnt his clothes. And the pros and cons of vaccination were discussed in every home.

This incident showed up two things. First, the extraordinary ignorance of the general public in matters of public health. Secondly, the appalling number of children and adults in the district who had never been vaccinated.

Partly to spread information, and partly to get as many children as possible vaccinated while public interest was high, a school clinic was held. No attempt was made to press the treatment, but Government pamphlets were sent out with the permission slips, and every inquiry and objection was carefully answered. Many parents sought me out at my office, and I did my best to explain the disease and its control. As a result, many doubters signed their consent, and 339 children have already been treated, with consents still drifting in. The clinic was for elementary students only; but a short talk was given in each high school class-room, explaining the prevalence of smallpox in some countries and the value of vaccination.

The needs of the district as shown up by information gathered so far are as follows:—

(1.) Some form of fund whereby dental and eye treatment can be obtained for underprivileged children. Over 20 per cent. of the children have uncorrected eye defects, and many more have defective teeth. Several have teeth that are soft and crumbling, mute evidence of the lack of prenatal and preschool care. A dental clinic has been suggested, but in the present overcrowded condition of the schools would be an impossibility; and it is hoped that we can work out some scheme whereby the children can be given a card and have the privilege of going to any dentist in town, with a nominal charge per tooth to be paid by the child himself, and the balance of the expense met from the fund. Eye treatment will be a slightly more complex problem, as we have a resident optometrist and a visiting eye, ear, nose, and throat specialist, but it is hoped that we will be able to work out some scheme that will not give offence.

(2.) Some system by which the children can obtain cod-liver oil at cut or bulk prices. This is a sunless district, and the children, even from comfortable homes, are a little peaked. It is hoped that we may be able to buy the cod-liver oil in bulk, and distribute it at cost price to the children.

(3.) Education of all concerned in the planning of food budgets and the importance of milk in the diet. The cost of living is high here, and, as usual, milk has been the first thing to be eliminated as a luxury.

(4.) Preschool, infant, and prenatal work as soon as it can be managed, to ensure a healthy school population for the future.

I am trying, during this current school-year, to see each child personally, weigh him, measure him, fill in the details of his health card, and get to know a little of him as an individual. During my school visits I go to each class-room and speak to each teacher, but

have not yet spent much time on class-room inspections and health talks. I am trying to reach the parents through the Parent-Teacher Association, by visits, by pamphlets, and by interviews at the office; so that by next September I hope to be familiar enough with the district to be able to settle down into a more orthodox routine and have some, at least, of my schemes in operation. I can do little more about the defects until some sort of financial aid has been provided; but so far have only just begun to talk over plans with my committee. In fact, I have spent almost all my time so far in gathering up information, and in striving to win the confidence and co-operation of all those with whom I am to work.

JOYCE LESLIE, R.N., P.H.N.,
Port Alberni.

A VACCINATION CLINIC.

It was Kipling who wrote:—

Files—
The Files—
Office Files!
Oblige me by referring to the Files.
Every phrase of every phase
Of that question is on record in the Files—
(Threshed out threadbare—fought and finished in the Files).

But I doubt if Kipling had in mind the Public Health Nurse when he wrote these lines, perhaps he might have chuckled at the thought; but they *do indeed* apply to her work. For in her files is threshed out threadbare every phrase of every phase of that question—that question of mental and physical virtues—that need for correction, or the amount of protection that has been, or should be, accorded each and every child recorded there.

So, when we set about plans for a vaccination clinic, we searched our files. The objective was not to discover whether or not a vaccination clinic was necessary; but to discover who *had not* been vaccinated—these were the people we must contact. Here are the figures compiled October, 1938:—

Number vaccinated	63 per cent.
Number not vaccinated	37 per cent.

Preliminary Work.—Clinics are a routine procedure—"Vaccination in the fall, toxoid in the spring." When these seasons begin to roll around, we begin to make our plans. But it is the work leading up to the clinic proper that requires so much time and thought. Take for example a few jottings of things to do:—

(*a.*) Interview doctors.
(*b.*) Send out mimeographed letters to parents.
(*c.*) Arrange for publicity.

The Interview.—Approach the doctors with all the facts in hand, and much valuable time will be saved. For instance, one becomes

familiar with the fact that Saturday is the most convenient day. And so one goes prepared—all the dates are Saturdays.

Mimeographed Letters.—This work is invaluable. It is generally done by the high school commercial group. The letters are prepared in the form of a questionnaire, and reach the home through the school children. Folded within each letter is a pamphlet explaining the "What, Why, Who, When, and Where of Smallpox," and the absolute protection provided by the simple procedure of vaccination. Parents are asked if they would like this protection for their children, and if so, to please enter the names in the space provided for the purpose. They are to sign and return the slips to the School Nurse. From these consent slips our list is prepared, and the vaccine ordered accordingly. This phase of the work requires constant check-up to obtain full returns. Occasionally, a visit to the home is necessary. Thus, with the machinery set in motion, we begin to prepare material for publicity.

We are Challenged.—"What about the disadvantages of all this business?" challenged a father who had occasion to visit our office. "You nurses and doctors stress all the advantages; but what about the other side! . . . Isn't there a possibility of danger too?"

I was tempted to inquire: "Wasn't there an element of danger in the very thought of life itself?" But I remembered the many stories told of "bad" arms, and such, following vaccination. The man was justified. One should know both sides. I countered with the statement that I had been vaccinated twice. First, when a baby, and later when a student of public health at the University of British Columbia. I explained that we students had practised upon each other the art of vaccination. We had no fear whatever of any ill effects, because we knew that the vaccine was absolutely pure. The question was not lightly disposed of. It was also explained that there are certain children who react to vaccine more severely than others. It was pointed out that authorities generally agreed that this was an indication that the child might possibly have developed a severe type of the disease itself, if exposed to it unprotected by vaccination. I hesitated to show them; but pictures were produced showing the effects of smallpox upon the unvaccinated. The man shuddered at the sight. Rather drastic, perhaps; but as I remarked to him, "I can't think of anything more terrible than having the disease itself."

It was one of the marvels of our recent vaccination clinic, the fact that this man's children were brought for vaccination. Now they are protected against both diphtheria and smallpox.

We cover the Country, too.—In September of 1938, Dr. H. E. Young, our Provincial Health Officer, through the Department of Health, was able to provide funds for transportation into the country, one day per week. This is the amount of time allotted to the nurse by the School Board for her visits to the country schools. Unfortunately, we were unable to arrange for transportation until about

the middle of October. The car available for this purpose, at the only garage offering this service, had been in a smash-up. I finally had to admit that nothing could be accomplished in this "waiting game" before winter set in. Then the idea was born, that if we did nothing more than introduce the Health Service through the medium of vaccination, this in itself would be worth while.

And so the first visit was made to the country schools in the middle of October. The poor teachers were fairly deluged with pamphlets. However, when the situation was explained to them that we were extending the Health Service into the country schools in this way, they became just as eager as we. And here I must pay tribute to the country teachers. If it hadn't been for their wholehearted enthusiasm, their assuming full responsibility for their end of the game, we should never have accomplished what we did in so short a time. Pamphlets were again sent home through the children, and the parents asked if they would consent to vaccination. Six schools were covered.

On my second visit I could scarcely refrain from cheering as the teachers handed me the requests that had come in. Returns were almost unanimous. This glowing report was rushed in to our District M.H.O., who there and then set the day of the country clinic. My third visit reported this fact to the teachers; the fourth visit was—Vaccination Day.

Our District M.H.O.—Before beginning the actual clinic the doctor addressed the children. He told them the story of Jenner, and of how he had made the discovery that vaccination would prevent smallpox. He ended by asking them to remember the name of this great man who had done so much for humanity.

Mothers came, bringing smaller members of the family to be done. It was a very happy occasion. We had no difficulty at all with the children. There was no sense of fear—something we do have to contend with, occasionally, in our city clinic. Teacher acted as clerk. The children were lined up with sleeves rolled up; an older pupil applied green-soap to the spot; nurse washed the part and applied alcohol, and the child moved forward to the doctor to be vaccinated.

A thrill of excitement attended the whole district campaign. One mother voiced her interest in these words: "Nothing like this has ever before been done for us. No one has ever paid any attention to us out here—until now." It was explained to the people that what appeared to them to be neglect was really a problem of transportation. We had no means of reaching them before. The Provincial Health Department had provided this opportunity for transportation, and the City of Revelstoke had allowed their School Nurse the time for visits. As often as possible, weather permitting, we would visit them, and extend the advantages of our Health Service from this time forward.

In the meantime, our city clinics had been held. As I have stated before, it is the preliminary work that requires the time and thought. The actual clinic day is a mechanized, swift-moving sort of business. "Line them up with sleeves rolled up, and we'll do them in no time." We had three doctors working steadily, and the children came *on time*. Nurse kept the doctors supplied with vaccine; kept tab on the vaccinees, and regulated traffic, which in the outer room was pretty congested.

A man tried to push his way forward. "What's going on here?" he wanted to know, and added, "I thought nobody believed in this business"; ending with the humorous remark, "This is the busiest place in town."

A total of one hundred and sixty-eight children were vaccinated.

The following figures demonstrate the value of routine clinics as being a most effective method of building up in a community a general immunity against a specific disease.

November, 1938. Percentage protected against smallpox:—

	Per Cent.
City—	
School No. 1	86.5
School No. 2	80.0
Rural—	
School No. 1	92.0
School No. 2	93.0
School No. 3	87.5
School No. 4	87.5
School No. 5	100.0
School No. 6	62.5

Of the latter school, five of the six attending that day were done; two others, who had consent slips, were in hospital having their tonsils out. These we will contact again.

And now we shall take, for comparison, our former figures of October, 1938:—

	Per Cent.
Number vaccinated	63.0
Number not vaccinated	37.0
The same group—November, 1938:—	
Number vaccinated	86.5
Number not vaccinated	13.5

Of the rural group: In one school alone not one of the children had ever been vaccinated. Results were 100 per cent.

There was a question put to me the other day by a visiting, interested educationalist:—

Question: "Don't you think——or, rather, do you think, these clinics——may be——just a little overdone?"

Answer: "No. I do not. If we didn't hold these clinics we would soon be back to the conditions of the 'dark ages.' As it is now, with our clinics coming along regularly—even though we protect

just a few at a time—we should never be in any danger of these diseases developing epidemic proportions—which as we all know, is a costly business. Then again, it seems to be human nature to ' want to be ' reminded. And so our clinics remind the forgetful ones that *it's time to vaccinate.*"

MARGARET LITTLE, R.N., P.H.N.,
Revelstoke, B.C.

ANOTHER DENTAL CLINIC.

Children have attended the clinic dentist for years under the Esquimalt Rural Nursing Service, which at present covers five of the school districts in the unorganized territory 8 to 30 miles west of Victoria city. The cost, a minimal charge per operation, was borne by parent or service, supported by the Provincial Board of Health, or both, according to the existing arrangement. The clinics were held on a half-day each week in Victoria and last year, locally; the children being transported to and from by the staff nurse.

But the payments were not being made by the parents, and parents were dissatisfied. A year ago the executive of the E.R.N.S. approached the Provincial Board of Health once more and the following plan was evolved. The latter was to provide the dentist and materials, and the E.R.N.S. the place, assistant, and organization. The objective was complete dental care, or cleaning and all necessary fillings (other than gold work) and extractions for preschool, school, and high school children at a prepaid cost to the parent of $1.50 per child. In June, 1938, the parents were notified of the proposed plan by circular letter, and by August, 1938—the time-limit set—nine families had signified approval by replying, and prepayment was made for six children—a discouraging response. The matter was then dropped until the council and their dental clinic plan was ratified by the council's re-election at the annual meeting of the E.R.N.S. in October.

In the meantime the new staff nurse made a detailed examination of the school children's teeth, recording visible cavities on individual dental cards, and adding any other remarks as to cleanliness, stains, colour of gums, etc. Armed with these facts, she was ready for the intensive campaign of home visits begun at the end of October. When the school or preschool child was at home, the parent was invited to look into his child's mouth where, with the aid of teaspoon and flash, the parent saw for himself, and often for the first time, the obvious defects. Other facts were pointed out and discussed, as the importance of annual prophylaxis to control the deposit of calculus, which causes gum-injury and predisposes to pyorrhœa in later years; the badly fissured permanent teeth which present such attractive nests for destructive food and germs that the most skilfully manipulated toothbrush cannot sweep them away. Then there is that discoloration of the enamel which may indicate a large cavity beneath it.

The relationship of abscessed teeth to infected tonsils or appendix is another argument, as well as the deformity of mouth following early extractions of temporary teeth, and the malnutrition due to defective chewing-surface. Where no visible defects were present, the importance of the annual check-up was stressed, together with the fact that the tiny cavity filled now may save a questionable filling or even an extraction if neglected. For the preschool child there is the value of the visit made before fillings or extractions are required. As the results of our clinic showed that only two school and three preschool children of the 134 completed had teeth free from cavities, the visit to the dentist is important even though nurse and parent can see no cavities. Some visits were made in the evening or on the week-end as father could then be cornered and some of these new-fangled ideas presented to him, not necessarily with the desired effect, but always with the hope that next year he won't be quite so sure that " milk teeth are no use anyway "; especially if, in the meantime, he has been kept awake by a child crying with toothache, and his request for transportation to the dentist is no longer considered an emergency by the Nursing Service.

Criticisms of previous dental clinics had to be listened to. " A filling came out," is the most common complaint, and the solution is found in the piece of waste amalgam the child discovered in his mouth a day or so after the clinic. Such a statement made months later can be solved by examination of the child's mouth and his dental record-card, and usually indicates new cavities or a fresh cavity affecting or adjacent to a previous filling. One family thought these clinics were for indigents, yet in many cases where there was a family dentist it was found that the child had not visited him for several years, if at all. Regardless of financial standing, lay people to-day are still far behind modern dentistry; and one of its axioms, that every case where dental caries is indicated should receive dental care, was upheld lately at an informal gathering of prominent dentists. In the first place, all the older people and most of the younger generation are afraid of the dentist's chair, and many will not take their children to the dentist until forced to, with toothache. On the other hand many dentists are not particularly interested in children as patients, and have neither the time nor the inclination to understand them and win them—a highly specialized and difficult procedure in any case without being complicated by a toothache. Even if the child is a regular visitor to the dentist, all work cannot be finished at one sitting, as only a given amount of time can be allowed for each office appointment. Who has not been told that there is a small cavity but that it can go till the next periodic visit? And does finance enter into the picture? Parent dreading the expense, and dentist hesitating to present a larger account, thereby scaring off the parent, when certain cavities can be left untouched for a limited period. The annual dental clinic can never take the place of the family dentist, for modern dentistry recommends a check-up

every four to six months, especially for children; and a clinic such as the one in question could only be an annual event at most. Besides we will have signally failed if children, who have attended the annual dental clinic, do not, as young adults, accept its teachings and return to the family dentist for the periodic check-up. The clinic dentist does what is necessary in the child's mouth at the time, and if there is a great deal of vital work treatment may be limited by what is best for the child at that time, and, in such an event, the family dentist must be consulted.

And this brings us to the question of collections. Prepayment is important for two reasons. *Firstly,* collections are always more difficult after the dental-work is completed. In winter and spring there are more people on relief or out of work and because of the Christmas shopping. The one stipulation of Dr. H. E. Young, the Provincial Health Officer, in helping to finance this clinic was that no child should be refused because of inability to pay; yet the dental-work was offered to the parent at a prepaid cost of $1.50 per child. Indigence, indifference, and (or) ignorance usually present a non-paying group; but must their children be allowed to suffer? At the present clinic the gap was bridged by a Service Fund to which the nurse had access. From this fund sufficient money to complete payment for his children was given to the parent with the understanding that all or part of it could be returned if his means permitted later. Then when he paid this money in for dental care he was given an E.R.N.S. receipt, and as far as the Community and Nursing Service are concerned every child has been paid for in full by the parent. Incidentally, some money has already been returned to the Service Fund. Solution of this problem for a future clinic presents a real challenge to all concerned—parents, children, and council. Have you any suggestions? One mother says that she has heard of a collective school-children's bank account and feels that the children encouraged to save their pennies might finance their own dental-work. *Secondly,* prepayment is important, because the duplicate kept of the receipt for the $1.50 constitutes the parents' consent to or permission for complete dental care. Work upon which restrictions are placed by the parent should not be undertaken by such a clinic, as there is risk of a tooth being extracted where the parents did not believe in extractions, for instance, and therefore the possibility of a Court case. Does the parent dictate to the school-teacher as to what shall or shall not be taught his child in the school-room? Then why should a parent dictate to the dentist as to how many cavities are to be filled? Yet such was our experience, and it is a point on which a firm stand must be taken from the first. Restrictions should only be accepted on written request from the family doctor. It is the nurse's responsibility to transfer from school or preschool card to dental card any disability which might be a guide to the dentist, such as "heart condition," "bleeder," etc., and to point such fact out to the dentist at the child's appointment.

And so, parents won over and collections made, time and place had to be arranged. The month being January and weather uncertain, the two outlying schools were the first scheduled on the list so that they might be completed before bad weather, or if necessary, switched to the end of the clinic after bad weather. Infections are to be reckoned with, especially those skin infections of staph. and strep. origin, for the dentist cannot be allowed to risk such an infection himself. At a first clinic of mixed age-groups as this was, only a very rough estimate of days in each school district can be made, based on completing eight to ten children per day. The whole schedule must be very flexible, and preschool children planned for and notified only two or three days ahead. Preschools were allowed a half hour's appointment each in the mornings and any gaps were filled in by children from the lower grades. The higher grades were taken after lunch and high school students at four, when they returned by bus from the Victoria High School. So much work had to be done for some of these older children that they had to miss a half day's schooling.

The place always presents a problem from several angles—distance from school, which is presumably the centre of the district, heating, lighting, and waiting-room—the last seldom attained. A good northerly window provides the best lighting and in winter must often be supplemented with artificial light.—And this is another reason why country school districts should not be undertaken in winter, for to work by gas-lamp light for a number of hours each day over a period of dark winter weather is too much to ask of a human being doing the fine work required by dentistry. If the heating must be by air-tight heater, do provide a high screen, of tin if in cramped quarters, to prevent the direct heat from stove and from pipe. To outwit the many factors that make stoves smoke have it set up and try it out ahead of time for, in any case, wind or wet wood will probably give a day's battle with smoke or cold. As to place, a near-by hall and an isolated room with separate entrance and conveniences in a private home were utilized, and in one instance the back of the school-room, an old barn, was curtained off for the clinic, and for four days school and clinic carried on simultaneously. That such a feat was accomplished is probably the exception that proves the rule that no clinic shall be held in a class-room where school is in session. Public Health literature was on hand for parent or child, but an opportunity was neglected in not decorating our clinic walls with posters. No transportations were made and the Public Health Nurse assisted the dentist, charted the work, and kept the daily dental report sheet and saw that there was always a child waiting. In this the teachers co-operated by sending one or more children from the list supplied to them by the nurse, as she notified them through a child returning to the class-room. Dental appointment cards, dental record cards, and the daily dental report sheets were obtained from the Provincial Board of Health. The dental

appointment cards, addressed and with a 2-cent stamp affixed, are accepted by the post-office. Linen, dry wood, enamelware, and janitor service were volunteered by friendly parents and gratefully accepted.

And so just three and a half months after intensive organization was begun, the dental clinic was completed except for one district of twenty-five children wishing dental care, to which a visit will be made when a skin-infection in the district has cleared up. This year dental service was given to more than twice as many children as under the old arrangement last year, and took three and a half weeks for four schools instead of less than three weeks for five schools as we had hoped.

A long time for organization and completion, you will say, and the reply is " yes," and the ultimate outcome can only be measured when a second clinic is undertaken in a year's time. For those who are interested in figures the statistical reports will be forwarded but are not discussed.

The clinic itself was a strenuous affair for all concerned, physically and mentally; each school-child showed fear and nervousness to varying degrees, accompanied by fussing or crying, asking when he could go or, saying nothing, clenched his hands and rammed his toes into the floor. Each of these manifesting even the last, make dentistry difficult, and each had to be handled individually by the dentist in the light of his knowledge and experience. It is to his credit that no child left the room crying, and that some of the most difficult smiled sheepishly as if to say, " I'm ashamed of myself, please don't tell on me." In the light of past experience in the Peace River Health Unit, where dental clinics were an annual event and attendance was a privilege every child expected, the difficulties encountered in contacting these children have been a puzzle. That the child has reflected his parent's attitude towards dentistry may be true. That the children of the Peace are a more hardy lot and can take it better than our children, local to Victoria, however, cannot be accepted so easily. But is it not possible that the child in the North has learned to accept dentistry as he accepts arithmetic at nine every school-day, and like arithmetic, if he happens to dislike it, well, the less fuss made about it the better? In contrast our children here have always associated dentistry with toothache and consequent extraction, or with deep cavities and the discomfort of large difficult fillings. Dentistry for him is also charged with the special significance of an appointment for the given clinic day and the misery of looking forward to that fatal day and of spending most of that time waiting round at the clinic till all are attended to and of being transported in the nurse's car, which is also something of an event. Add to this the fact that work was seldom completed at one visit, and the child had another session or more hanging over his head, and there is real reason that the child should accord this very outstanding and special occasion in his life the very special reaction it would seem to demand and so bask in the sympathy of schoolmates and parent.

The handling of the preschool child, on the other hand, though difficult, is truly fascinating and requires every wile. Many little children are confident in mother's decision and happy to go to the dentist. Their reaction, however, on arrival or even after they have been in the chair awhile cannot be foretold. The whole visit is pregnant with new experiences, from being dressed up in his better clothes, from what he sees as the chair and equipment, what he hears as the drill and gasoline stove, to what he is told to do as " open wide," " rinse your mouth," " spit," etc., all the more reason for bringing him to the clinic when he is a tiny child and before these new experiences are associated with the disadvantages of having an extraction or a deep cavity filled. In the case of the deep cavity it is almost impossible for the dentist to do a satisfactory job for the young child whose little head rolls from side to side, tongue seems to fill his mouth, and saliva pours down his cheek. Enough that, on his first visit, he should have an examination and his teeth cleaned and as in some cases, a few tiny fillings manoeuvred—to his parents' surprise.

And the parent is a very important factor in the outcome of his child's visit to the dental clinic. If the child is timid the parent can lend assurance by his silent presence, and the term " silent presence " is used advisedly, for nothing must interrupt or break the contact being established between dentist and child. Even if the child is a spoilt baby or a young rascal, the very fact that the parent co-operates by accepting the authority of the dentist and going out of the room as requested, spontaneously establishes in the child an acceptance of the authority of the dentist, once the first loud protest is over; for the child is an honest and reasonable human being. And, following a clinic such as ours, if the school-child has had a great deal of work done at one sitting, as was necessary for so many of our children, the parent can accept the child's fatigue and swollen lips in a matter of fact yet tender manner and make him comfortable in bed. There, following a hot drink, the child will drop off to sleep and awake refreshed, for he reacts quickly to food and warmth and sleep. To the question " Why not give the child a break and just do a little work at a time? " The answer is " Why should the child have to look forward to another session when the one session will do? " Two or more such sessions imprint the experience more indelibly upon his memory, whereas the memory of the one experience will fade and we know that, complete dental care having been accomplished this year, next year's session can only be an experience of minor importance in comparison. Perhaps the hardest fact some parents had to face was the large number of fillings and extractions necessary to complete dental care. It seemed to reflect their lack of parental care and therefore extraneous causes were sought and discussed, such as lack of minerals in the soil, and the possibility that the dentist, for his own ulterior purposes, was doing more work than was necessary.

For the Public Health Nurse, the clinic was strenuous indeed, not only because of the specific problems arising but because of the public health matters which had to be attended to after hours and on week-ends.

To the dentist all credit and the hope that he may be given and accept an opportunity to follow-up this very difficult pioneering in preventive dentistry.

In summary, experience at this and other dental clinics for children has provoked considerable thought and afterthought, but once more stresses the importance of the annual dental clinic for preschool and school children, offering complete dental care at a prepaid nominal charge to the parent. The pleasant contact established with the preschool child is then carried through from year to year and the large time-consuming and therefore expensive cavity is practically eliminated. And the importance of education has again been proved; for it may be seen in the light of this experience, that the home contact made by the nurse before the clinic could have forestalled more of the problems which arose at this clinic.

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THE ORGANIZATION OF A RURAL HEALTH UNIT.

A Health Unit is an organization of trained workers consisting of Public Health Nurses and a Medical Health Officer, whose duty it is to promote health and prevent disease. This is accomplished by teaching the rudiments of healthful living to adults and children. A rural Health Unit, of course, is one in which the population is living in the country. Such a Unit has been formed in the upper Fraser Valley, with headquarters at Abbotsford.

Matsqui and Sumas Municipalities are included in this Unit, as well as the Village of Abbotsford. Geographically, this district lies between the Fraser River on the north and the American boundary on the south. The eastern border of Sumas coincides with that of Chilliwack Municipality, and the western border of Matsqui coincides with that of Langley Municipality. The area of the Matsqui-Sumas-Abbotsford district is 15 square miles, this also includes Township 20 and Huntingdon, which are unorganized territory. Topographically speaking, Sumas Municipality consists of a wide valley running north to south. It is excellent farm land, since a good deal of it is reclaimed from Sumas Lake. This land is dyked and a run-off assured by means of a pumping-station at the northern limit of the municipality. Sumas Mountain forms a geographical boundary between Sumas and Matsqui Municipalities, and is on the north-west boundary of Sumas. This mountain carries on in a series of ridges to the Fraser River in the north. Abbotsford Village is at the southern base of this same Sumas Mountain. It will be understood from this that Abbotsford lies very near to the centre of the two sur-

rounding municipalities. Matsqui consists, too, of flat prairie land and highland, its village lies 6 miles south of the Fraser River, in the midst of a large farming area. The highlands extend west and south of Matsqui Prairie. Unfortunately, the geographical and political divisions do not always agree, and in Matsqui Municipality is included a part of Glen Valley, which is very inaccessible from Matsqui Municipality. The population of this 15 square miles is approximately 8,000.

While at first thought there seems very little connection between weather and a Health Unit, there is this point to be considered: For how many months of the year can the nurse expect to be in direct contact with the schools and school children? If snow makes schools inaccessible, it also makes homes inaccessible. For this reason the nurse must plan her work accordingly. In the Matsqui-Sumas-Abbotsford area the past two winters have not been severe, although three years ago the roads were impassable for six weeks. There has been snow during the winter, but not enough to upset the schedule for more than two weeks at any one time.

The Matsqui-Sumas-Abbotsford area was chosen as a suitable district in which to carry on an experiment in rural school consolidation. This decision on the part of the Provincial Government was put into effect in September, 1935, under the leadership and guidance of a Director of Education, who also served as Official Trustee. At this same time a School Nurse was appointed. In 1937 it was decided by the Provincial Board of Health to establish an experimental Health Unit to work in collaboration with the Education Office in so far as the nursing service dealt with health matters in the rural schools of the area. With this experiment in mind a Supervisor of Nurses and two more fully qualified Public Health Nurses were appointed to this area. The staff of the Unit was completed with the appointment in August, 1938, of a full-time Medical Health Officer.

The school population was used as a basis for division of the district among the nurses. The area was divided in such a way that there was no duplication in the country covered. This may be difficult at times, especially in an area where there is any amount of consolidation, since children from all points are brought to a central school. However, this can be overcome by appointing one person to report absentees to the nurse from whose district the students come. The three nurses in the district are directly responsible for their own areas; the supervisor is responsible for the two central schools in Abbotsford, as well as for administrative work.

There is a central office located at Abbotsford. This office is open from 8.30 a.m. to 5.30 p.m. from Monday to Friday. There is one nurse on duty each week-end. Her hours include: Office hours, 9 a.m. to 12 a.m.; and " on call " duty all day Saturday and Sunday. However, since no bedside-work is done there is little call on the nurse's time, but it has been felt that there should always be some

representative in the area. The annual holiday is of a month's duration, either July or August, but there is always some one on duty. With four members on the staff this means that a nurse is on duty only one week-end in four. Each nurse in the area is supplied with a car. It can readily be understood that a nurse in a rural area is of little value without a car. This point, of course, is very difficult for the layman to grasp. To him, the nurse is just " running around the country in a Government car." It takes time and results to erase this notion from the minds of the laity.

A central office has been found to be the most successful. At first, each nurse had an office in her own area; one supplied by the municipality. But it has been found more convenient to have a central office to which each nurse reports in the morning and in the afternoon. Here also are kept all records. Each nurse has her own desk, as well as her own visible filing-book for the schools for which she is responsible. The Medical Health Officer and Supervisor of Nurses have an office separate from the other members of the staff. In the same building there is accommodation for the Abbotsford baby clinic held monthly, a large waiting-room and an examining-room. To date, the administrative work has been done by either the Medical Health Officer or Supervisor of Nurses. This work has included all family histories completed to the present time, as well as names and addresses on all school, infant, and preschool cards. This substantially increased the amount of office-work, but it was well worth while, since it has added greatly to the uniformity of records, especially since this typing was done by one person. If the Supervisor is responsible for this work, she becomes familiar with families in the area even though she has had very little contact with them.

Since the inception of the Fraser Valley Health Unit in 1935, when there was one nurse in the district, school-work has received the greatest consideration. Previous to August, 1938, when the full-time Medical Health Officer was appointed, only beginners were examined by the part-time Medical Health Officer—all other children were examined by the nurse. Any cases about which the nurse is doubtful are referred to the doctor. Last term vaccination clinics were carried on in each of the schools in the district. These clinics were held by the part-time Medical Health Officer. This school-year, toxoid clinics have been held in all the schools as well as at the baby clinics. We are fortunate in having a part-time dentist who gives the morning to school dental-work. To date, children have been sent to the dentist once and have had full treatment. After this initial work it was expected that the family would be responsible for later development in care of the teeth. Through efforts of local organizations there has been collected enough money to purchase glasses for some of the needier children. Problem cases are examined at the child-guidance clinic and advice as to treatment is given to the parent who accompanies the child. These clinics are held once a month.

Baby clinics were first organized in May of 1938, when twenty-five babies registered. At this time we had a weighing station since there was not a full-time Medical Health Officer to examine the babies. Since May, however, four clinic centres have been established at which registration now totals 210. It is hoped that, in the near future, these will be supplemented, especially in the more distant parts of the area. The response to the toxoid campaign has been excellent at all four centres; indeed, many requests have been made for other preventive measures.

The number of tuberculosis visits has increased greatly in the last six months. A pneumothorax machine has been installed in the Abbotsford hospital and those people living there have taken advantage of the opportunity to receive treatment rather than go in to Vancouver. The Travelling Chest Clinic visits the area every six months.

It is impossible to come from a city to a rural area without noticing a decided change in tempo. Life in the country is not attuned to speed, and the nurse who is doing public health work in the country must of necessity adapt herself to the life of those amongst whom she is working. It is essential then, that the nurse in a rural area know the industries and their effects on the lives of the people. For instance, there is very often a definite health problem in a mining town. In the Fraser Valley one finds, of course, extensive farming areas. Aside from this there is a plant at Kilgard where bricks and other clay products are made from local clay. Consideration in a rural area must also be given to nationality groups. To the Fraser Valley, during the last five years, have come settlers from the drought area of Saskatchewan. By far the greatest number of these are Mennonites, a religious sect, of Russian-German origin. A great deal of thought must be given to these racial groups. With some knowledge of their beliefs the nurse finds that they are more co-operative, especially if she recognizes these beliefs and taboos while working amongst them. More can be accomplished with the children of these families than with the parents themselves, because of the barrier of language. There is also a large Japanese settlement in Matsqui Municipality. These people are most co-operative in any preventive programme.

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Abbotsford.

SOME ASPECTS OF TUBERCULOSIS WORK IN THE OKANAGAN.

To show you how the tuberculosis clinic works, its connection with other departments, and its methods of case finding, I thought the best plan would be to follow a case of tuberculosis from the time she first visits the clinic till she is cured. Some means by which people are brought to the clinic and some of the results of the work.

I will start with the case of Mrs. Jones. She feels tired more frequently than is usual, has a slight cough, some chest pain; so

she visits her family doctor. Her symptoms are not very definite, but are suggestive of tuberculosis. The doctor thinks a chest specialist's examination and an X-ray advisable before making any diagnosis. Knowing the tuberculosis clinic will be coming through the Okanagan the next week, as he has received a notice from them to this effect, he makes an appointment for his patient. She has an X-ray and a thorough examination of her chest, also a sputum examination and a detailed history taken. The results of the examination turn out to be a case of tuberculosis with a positive sputum. This means that the patient herself needs immediate attention in a sanatorium, where she can have proper rest, treatment, and education in how to care for herself and protect others. Also in the sanatorium she is isolated from her family and the rest of the community whom she would infect with her positive sputum. At this time the Public Health Nurse and the Welfare Visitor in the patient's community are notified as to her condition. They immediately visit the family, and the Public Health Nurse advises them all to be X-rayed and examined and arranges for them to attend the next clinic. The Welfare Visitor straightens out any financial problems or other upsets that may result from the fact that a member of the family has been removed from the home. In the short period that intervenes before the patient actually enters the sanatorium, the Public Health Nurse probably visits the family to explain to them how to care for the patient, how to protect the rest of the family, and to settle any worries, and so on, that may arrive when the family is to be broken up for a while. The Tuberculosis Department has some interesting literature for these occasions which the nurse will give out. Eventually after some months the time comes when Mrs. Jones is well enough to leave the sanatorium. Her sputum is negative, but she must still carry on with treatment. Perhaps she has to have her lung collapsed by pneumothorax, and this is done by her own family doctor, whom she visits at stated intervals for the refills. He is advised by the sanatorium as to how this should be done and every time the clinic visits the community, Mrs. Jones comes in for an X-ray and examination. Her doctor discusses her progress with the clinic doctor and any change in regime that may be necessary is arranged. Her family are X-rayed and examined every year, and all those with whom she has been in contact are examined from time to time. The Public Health Nurse in the community visits the family from time to time and maintains a contact with them and the clinic.

This accounts for the case that is sent in to the clinic by her doctor; but, as you know, there are many cases of tuberculosis, in its early stages, who present very slight symptoms and so do not consult their doctor. Also there are those people who have at one time been active, are now arrested, who have never been diagnosed as tuberculous, but who might break down again under any adverse condition. These cases may be picked up by various other means, such as tuberculin testing in the schools. All the school children in

the Okanagan have been tuberculin-tested within the last two years. One case of active tuberculosis in these children was discovered. A percentage of these children had calcified nodes, calcified glands, and so on, and will be watched carefully for any disease, especially through adolescence. The point is: Why did some of these children have positive reactions from the tuberculin-testing when most of them had clear lungs? To answer this, we X-ray their parents and teachers, who are the most likely contacts of school children. Here we might find the case, either an active tuberculous case or cured at present, but at one time active; hence these persons should be watched. A positive tuberculin test may come from infected milk and such has been found to be the case in several instances.

Another method by which cases of tuberculosis may be brought to light is through the examinations for silicosis that are now compulsory once a year for all underground workers in the hard-rock mines in British Columbia. This entails an X-ray and examination of the chest. Quite a number of cases of tuberculosis have been found in men who would probably otherwise not have complained to their doctor till the disease was far advanced, and presented far more serious symptoms from a tuberculosis point of view.

The Indians are quite a problem in British Columbia, partly due to the living conditions and mode of life of most of them, and probably because they have only come in contact with tuberculosis since their connection with the white man. The Indian seems more susceptible to tuberculosis than we are. Recently the Indian Department has realized that their wards need more attention in this line and have allotted considerably more money than heretofore for their care. More beds in the sanatoriums and hospitals are being allotted for them and a number of surveys of the Reserves are being made. The children in most of the Indian Residential Schools are tuberculin-tested every year. The incidence of tuberculosis is much higher than in whites, but it has been observed that they make very good progress with proper care and treatment. As British Columbia has the largest Indian population of any Province in Canada, and as they are in constant contact with the whites in many places, one realizes how necessary it is to check this great source of infection, both for ourselves and the Indians.

The work of tuberculosis control in the Okanagan has really been carried on quite extensively for some years now, and it is very seldom that a new far-advanced case of tuberculosis is discovered. This is due to the fact that most of the cases are known and watched; the positive cases are isolated immediately, the children are kept under observation, and the contacts of all known cases are checked. This is largely due to the work of the Public Health Nurses in the area, and the good results of their efforts are proved by the favourable statistical comparisons with areas where there are far greater facilities for tuberculosis control than in the Okanagan.

E. PEASE, R.N., P.H.N.,
Kamloops.

THE REACTIONS ON THE OPENING OF A NEW HEALTH CENTRE.

I have been assigned this subject for our 1939 BULLETIN because in September, 1937, I came to Prince Rupert to be its first School Nurse.

Since it is from this experience that the following reactions have been noted, it is felt necessary to recite some of the things accomplished or otherwise in this particular district. The district is probably comparable to many others in the Province, though they are all individual. To many who are in districts that have grown to maturity it will prove that pioneer days are not over for public health in British Columbia, and that problems are still arising in new districts similar to those of the past; others may be struggling with the same difficulties and exulting over the same joys and accomplishments.

We talk about reactions from the very earliest days of our training, both in the lecture-room and on the ward, and in public health work it is due to reaction of a certain kind and in certain places that we seize opportunities to build and expand the work. The dictionary says that any revolution, reform, or progress has "counter-action," so we look for both good and bad. When we started public health up here it was progressive, of course, for Prince Rupert to want a School Nurse, even at this later date, and there were reactions from the time she stepped off the boat—her own first one being that she would like to get back on again.

We are still far from being a Health Centre, but a Health Centre must have a beginning and one thing that has made the hard days easier was the thought that we could have a very fine Health Centre, all things being equal.

Prince Rupert is a city of between 5,000 and 6,000 people; including 1,100 school children. It is managed by a City Commissioner, placed here by the Provincial Government some four years ago. This, of course, means that there is no School Board, but that this one man is the sole authority in the municipality.

First conversations with the Commissioner were encouraging. He was decidedly interested in public health and realized that its scope reached further than a School Nursing Service, but I was impressed with the idea that this new experiment was not to cause any expense to the municipality even while setting it up. A new loose-leaf binder was already purchased for my records and a small "Health Meter" scale for weighing the children, and I was assured that when school would open the following week the teachers would find a corner for me somewhere which I could use for an office. There was a Medical Health Officer, but he was not the school doctor and it seemed necessary to make it understood right at the first that a school doctor was very necessary. There are three elementary schools and a high school here. The people seemed fairly prosperous; mostly of British stock with a good percentage of Scandanavians, and a few Orientals. The main industry is the fishing. The largest

cold-storage plant, for fish alone, in the world is here and employs a fair number of people. There are also a Dominion Government Fisheries Experimental Station, a Government dry-dock, and C.N.R. shops and offices. There are a fair number of families on city relief for the size of the town, more of course when there is a poor fishing season. The people are healthy, and I was assured I would find the children the same. The town seems to be little troubled with epidemics of infectious diseases. There is a Provincial Welfare Worker in the district who also visits the Queen Charlotte Islands and a large part of the interior. Any social service work is done by the Salvation Army and one chapter of the I.O.D.E., and there is no medical relief given to people receiving public maintenance. There is no other mode of transportation than that of walking.

I soon found out that except for a small notice in the daily paper the previous June no one knew of my appointment beside the Commissioner, and most of the people were hazy about what my duty might be and decidedly skeptical of its value.

The first day of school I set out to find the schools to introduce myself to the teachers and to find "my corner." There were some people who gave me a real welcome, because they knew what a School Health Service would mean and were anxious to do their part to help.

The next week I examined the children, who, of course, rose to the occasion as children always do with a new service and were soon advertising what was being done for them in school. I was anxious to know their parents and their environment and so, those first months before Christmas I made those contacts which I felt would be most useful in the long run. Wherever I went I was welcomed with true Northern hospitality. These people were an intelligent co-operative group who were interested in anything connected with the welfare of their children.

Among the more comfortable homes I found a large number of families living on a comparatively small yearly income, earned in a short fishing season, and other small salaried families who were struggling to keep their heads above water. By the time these people had housed, clothed, and fed their children they had nothing left for doctors' and dentists' bills with which to correct the defects I had come to report. With no hospital clinics or medical relief provided by the municipality this seemed an insurmountable obstacle, for one hesitates to burden parents, already using all their ingenuity to make ends meet, with a story of diseased tonsils and decayed teeth and their effect on general health; and yet, to me, the function of public health is the promotion of health by the prevention of disease which also is dependent upon treatment.

The first reaction to the work was in January of that first year when, after a ravaging epidemic of whooping-cough and measles, I decided to start giving the small children milk at school in the mornings. A questionnaire was sent to each family, who responded whole-heartedly to the plan, not only wanting it for their small chil-

dren but the older ones too. Fresh milk is expensive here, and not used as freely as it should be for the children to drink; however, this plan offered milk a little cheaper and assured the children of half a pint daily. The I.O.D.E. sponsored the project and gave fifty to sixty free bottles daily. Milk drinking has now become an institution in the elementary schools and is still receiving the support of the parents and the organization.

The advent of the green slips from the T.B. Division helped to explain some other duties the nurse could absorb, and the title of "School Nurse" was changed to "Public Health Nurse," which is now better understood.

The men of the community became interested in our work. They were not to be outdone by the ladies. This I felt was a very encouraging reaction. I was asked to speak to the Rotarians at one of their luncheon meetings and this resulted in the establishment of a very promising dental clinic by them, together with the help of the Provincial Department of Health. Even in its short existence this clinic has helped a great many needy children. The committee are not only interested in the remedial work but in the prevention of dental caries and its relation to nutrition, so they insert a couple of articles along this line in the daily paper occasionally.

From the very beginning it was felt that there was a great need for a well-baby and preschool clinic where contacts could be made with the parents before the child started to school. One or perhaps two of the doctors seemed to give definite postnatal care, but the other mothers seemed to carry on alone with only the help of a list of feeding changes provided by the doctor. It was felt that much more help could be given these mothers, so the doctors agreed to attend the clinic in turn each week and attendance has been very good.

The reaction of the people to immunization was not very encouraging. Previously very few school children were vaccinated and only a very few have been immunized against diphtheria. The people listened but seemed little impressed. Smallpox and diphtheria were things you read about happening in other places but not here. However, this fall a scarlet fever scare invaded our city. The Medical Health Officer agreed to Dick test the school children. Permission was granted in over 800 cases; all positive reactions were advised to see their own doctor about immunization, and 200 went of their own accord to their own doctor and had immunization treatments. I feel many more could have been done if clinics could have been arranged.

So much then for favourable reactions. So far nothing has availed to convince our Commissioner that we should have a school doctor to do school medical examinations, nor to convince our medical men that they should co-operate to bring this about, although they have co-operated in many other ways; perhaps it is because they were not consulted before the nurse came to the district and that they just still do not understand what her work is. The problem is to

make them feel that public health needs them in its work and does not wish to intrude into their sphere. Time will surely bring this about and produce a more favourable reaction from them.

Many times, even from the beginning, I have wished I could consult an understanding supervisor who could have visited the district and have helped me in my difficulties. We go out to the district well armed with our Public Health training and a knowledge of the general public gained in our previous experiences, and while it is true that experience teaches if we ourselves are bigger and broader minded after having had our experiences, but it does seem that, if we could have the benefit of some one else's experience and if we could have advice and guidance so that the progress of the work will not be hampered, even for a short time, through a false inexperienced step we should feel so much more confident. It is an old adage " Two heads are better than one " and a second head taken into consultation would make difficulties seem easier and would temper enthusiasm with a little caution.

The reaction then as I see it—or, should I say, feel it—to the little health service I have been able to offer in this community in seventeen months is: The people say " Give us MORE, we'll do our part to help." The medical profession hesitates to say anything, the municipality says, more or less, " Have as broad a programme as you wish, but don't ask us to spend any money to provide equipment, much less a car." The nurse sees the needs of the community from all public health angles, but feels the force of these conflicting reactions; and in spite of an earnest desire she must take the middle of the road with a vision ever before her of the time when, by much patience, reactions will all blend and the goal will be reached.

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A SUGGESTED PROGRAMME FOR VENEREAL DISEASE CONTROL IN A COMMUNITY OF FIVE TO TEN THOUSAND.

Introduction.

Nurses engaged in public health work to-day are becoming increasingly aware of the great challenge presented to them in the control of the venereal diseases, namely, syphilis and gonorrhœa. In the face of many other health problems demanding constant attention, these two infections are steadily gaining recognition as the major issues in modern public health. It is now accepted that a persistent, vigorous campaign against these diseases should form part of every well-balanced health programme. The acceptance of this challenge by Public Health Nurses, calls for clear thinking as to the strategy to be employed in reducing to the minimum these infections which form so great an obstacle to human health and happiness. In plan-

ning such a campaign it is essential to understand that the social hazard accompanying these infections usually far outweighs the health problem they present to the individual. This social hazard, arising from mistaken public opinion as to infectiousness and method of transmission, forms the chief point of attack. It is this aspect of the problem which calls for special consideration on the part of the Public Health Nurse, and which justifies the differential treatment at present accorded to these infections as compared with other communicable diseases. Sound knowledge is the strongest weapon which can be used to break down the mistaken public opinion causing this social hazard, and it is only by the reduction of this significant factor that the individual—and the community—will be persuaded to face the issue honestly as a major health problem.

Since unsound public opinion in the form of ignorance is the greatest obstacle in the path of venereal disease control, it is essential that education, the most powerful force to overcome this lack of knowledge, be accepted as the basis on which to build the community health programme aiming to reduce syphilis and gonorrhœa.

Plan.

The plan for venereal disease control in a community of five to ten thousand people is basically the same as that used in larger centres, except in the arrangements for treatment, which will be discussed later. This plan, by reason of the difficult factors involved, must be a long-range one, and it can only be successfully established after years of persistent co-operative effort. It is to be regarded as a community project in which the Public Health Nurse co-operates with the Medical Health Officer, private physicians, educational authorities, and the public in the use of community resources to establish adequate protection against syphilis and gonorrhœa through knowledge and a healthy environment. Such a plan may be studied under the two main headings of Prevention and Medical Services.

Prevention.

This may be practised through the medium of community education, remembering always that the control of venereal disease is synonymous with the establishment of good social hygiene. Since the first step in public education is the self-education of those who are to teach the public, the Public Health Nurse must arm herself with knowledge of the following matters that she may successfully pass them on as protective measures to the community she serves. These are as follows:—

Facts about Venereal Disease.
Safety of infected Persons.
Legal Provision for Prevention.
Public Provision for Treatment.
Contributing Factors in acquiring Venereal Disease.
Value of Medical Examination.

It has been said that " success in any campaign demands, first, individual knowledge of the habits of the enemy; and second, a planned method of attack based on that knowledge." The first step then for the Public Health Nurse is the study of certain fundamental facts about syphilis and gonorrhœa—two major enemies of her community's health. Each of these infections may be considered under the following headings:—

Causative Organism.
Methods of Transmission and Period of Communicability.
Incubation Period and Common Symptoms.
Methods of Diagnosis and Treatment.
Prognosis of treated and untreated Cases.

Syphilis.

The worker in public health should herself realize and then teach the community that " there is no other single disease which causes a greater degree of human unhappiness, total disability, and loss of earning-power." Therefore, from a social and economic view-point as well as the health angle this infection demands effective application of the powerful weapons science has provided against it. The strength of these weapons may be summed up in the following statement:—

" No other single disease exists for which there is (1) more accurate means of confirming clinical diagnosis, (2) for rendering the patient non-infectious, (3) arresting the destructive spread of the causative organism, (4) under favourable conditions effecting remarkable cures." These important facts about syphilis correctly interpreted to the public are the sure foundation on which the nurse may build a healthy and scientific attitude toward overcoming this greatest of communicable infections. The study of syphilis may be made under the headings formerly given, the first of which is Causative Organism.

Causative Organism.

Syphilis, the most deceiving and serious of all communicable infections, is caused by a corkscrew-shaped germ known as the *Treponema pallidum* or *Spirochaeta pallida.* This infection gives rise to certain local and constitutional symptoms, runs a chronic course and has two definite stages. First, the Early, during which primary and secondary symptoms appear or the infection may be latent—i.e., without symptoms—and, secondly, the Late, during which tertiary symptoms may present themselves or again be latent. It is usually classified as acquired and prenatal, depending upon whether it is developed before or after birth.

Methods of Transmission and Period of Communicability.

The germ of syphilis has the power to penetrate the mucous membrane without there being an abrasion present, and to penetrate the skin whenever the slightest abrasion has occurred. Transmission

is therefore by direct personal contact with infected persons through kissing, sexual intercourse, and from the infected mother to her unborn child.

Poor practices, such as the use of common drinking utensils, common towels, and the exchange of pipes, cigarettes, and toilet articles, may all contribute toward the spread of this infection. Refraining from sexual contact during infection, and the faithful continuance of treatment of the infected pregnant woman, are the most certain ways of preventing the spread of syphilis. The nurse as educator should therefore stress the importance of good personal hygiene and adequate prenatal care as strong preventive factors against acquiring this infection.

The period of communicability lasts as long as there are infectious lesions present, such as the primary sore, mucous patches, a crusted or oozing rash or ulcers. All of these, except the primary sore, may appear at intervals over a period of three to four years in untreated patients. These factors make the early stages of syphilis very important from the public-health angle, and it has been truly said that " the nurse who has a high index of suspicion plus a scientific background of knowledge may be instrumental in uncovering suspected sources of infection by getting such patients under medical care at the earliest possible moment."

Incubation Period and Common Symptoms.

The average length of time for the first symptoms to appear is three weeks from the date of exposure, although the period may vary from ten days to eight weeks. It then takes from one to three weeks for the blood to become positive, and four to eight weeks for the secondary symptoms to appear, during which stage the patient, if untreated, is highly infectious. A thorough understanding of the incubation period forms one of the most important defences the nurse can offer her community when charged with the observation of contacts to early cases of syphilis.

Common Symptoms of acquired Syphilis.

The primary stage of syphilis is characterized by a sore known as a chancre occurring at the germ's port of entry. It is usually on the genitalia but it may be on the lips or other parts of the body. It is often painless and so inconspicuous as to be ignored, and the patient is fortunate who consults a physician for this symptom and secures an early diagnosis. Shortly after this primary lesion appears there is enlargement of the nearest lymph glands. These symptoms may persist for several days or weeks, but finally heal, leaving little scarring.

The secondary stage, which develops four to eight weeks after the appearance of the chancre, has as its most common symptom a skin-eruption which varies from an intense one covering the entire body to one so slight that it passes unnoticed. This may be accom-

panied by sore throat, swelling of the glands, headache, fever, and patchy falling out of the hair and eyebrows.

Again, all these symptoms may be so slight as to pass unnoticed, and it is the fortunate patient who places himself under medical care and obtains a diagnosis at this time. These symptoms may disappear after many weeks, and either never return to warn the patient or may appear at variable intervals for three to four years. These two stages constitute what is known as early syphilis, and offer the greatest challenge to the Public Health Nurse from a point of infectiousness. The fact that patients started under treatment at this time and faithfully continuing it have a higher percentage of recovery than other groups is also very important. Late syphilis—i.e., syphilis which is of four years or more duration—manifests itself in many different forms. These symptoms may arise from the cardiovascular and central nervous system and cannot be diagnosed without special examination. Since they are non-infectious they do not present such a public-health problem, but the nurse noticing them should endeavour to have the patient placed under medical care as soon as possible.

Miscarriages, still-births, malformed infants, blindness, deafness, general paralysis, and insanity are some of the tragic results of untreated syphilis. It therefore behooves the nurse entrusted with the charge of the community's health to strive for the prevention of these disasters by urging prenatal and annual medical examination, and the keeping of infected patients under treatment till cured.

The Symptoms of Prenatal Syphilis.

The symptoms of prenatal syphilis are lesions of the skin and mucous membranes, usually occurring on the palms and soles and about the mouth, nose, anus, and genitals. They may be spread over the entire body. There may also be a condition of the nasal mucous membrane producing a discharge known as "snuffles." This discharge and that from any open lesion is, like that from the lesions of primary and secondary acquired syphilis, highly infectious, and requires careful isolation until treatment has rendered the patient non-infectious. These symptoms may be latent at birth and the first intimation of the infection may not occur till late childhood or the early teens. The symptoms then shown may be inflammation of the cornea of the eye, known as interstitial keratites, which if untreated may result in blindness, deafness of a very serious type, and peculiar wedge-shaped teeth with crescent-like notched edges. The bones may be affected, showing shins which are outwardly bowed and thickened, or the joints may be enlarged but cause no pain. Other symptoms showing involvement of the nervous system may occur.

The nurse in studying these symptoms should always be careful to avoid creating unnecessary fear, but there appears no valid reason why the community should not receive instruction in the signs of this communicable infection as is given in others such as typhoid or tuberculosis. The important attitude to build up in health education

is an awareness of the signs of ill-health, plus a knowledge of the factors available for its treatment. If, in conjunction with the teaching of symptoms, there is stressed the soundness of the treatment for the infection, it does not appear that any harm can be done in this regard.

Methods of Diagnosis and Treatment.

Syphilis is diagnosed by means of laboratory tests, certain clinical symptoms, and the patient's history. These three factors are carefully considered before diagnosis is established. Since the treatment of the infections varies with the stage it has reached, certain specific laboratory tests are used to determine the degree of infection. These include a dark-field microscopic examination of the serum from the primary sore to determine the presence of the germs of syphilis. A blood test which shows the chemical reaction of the blood to certain substances, thereby revealing the presence of syphilis. These tests are known as the Wasserman, Kahn, Hinton, and Kline. A spinal-fluid examination which shows the chemical reaction of the spinal fluid to certain tests, thereby indicating that the infection has penetrated the nervous system. Certain abnormalities in the fluid also show the degree of severity of the infection and prove a valuable guide to treatment.

Treatment is dependent on the stage of the infection, the structures involved, and the individual tolerance of the drugs used. It is felt that the community should be taught that adequate treatment can only be given by a qualified doctor, and should be strongly warned against quacks. The public should know that adequate treatment for early cases consists of weekly injections of certain drugs, arsenic, given intravenously, which has the power to kill the germs of syphilis, and mercury and bismuth given intramuscularly for their tonic effect. This treatment should be taken at regularly weekly intervals for a period of eighteen months to two years, and treatment should never be stopped until the doctor advises it, as relapses may occur. It should be taught, too, that an annual medical examination, including specific tests for syphilis, is needed by all patients after their discharge, and that all patients having once had the infection should advise their attending physician of this fact. Treatment of late syphilis with neurological involvement is by the use of a drug known as tryparsamide, and by malarial therapy, both of which have the power to destroy the germ when it has penetrated the nervous system.

Treatment of prenatal syphilis is basically preventable; i.e., the infected mother should receive weekly treatment early in pregnancy to prevent the birth of syphilitic children. Children are treated by special preparations as their condition warrants.

Prognosis of treated and untreated Infections.

The nurse should stress the value of early diagnosis and early treatment faithfully taken each week. She should teach that the highest chance of recovery lies in the patient starting treatment before his blood has become positive and continuing it faithfully.

She should teach that all early syphilis has a high percentage of recovery if treatment is regularly taken. Importance should be attached to the fact that late syphilis can be arrested, further damage prevented, and the patient's health markedly improved. The community should know that the future of untreated syphilis is fraught with danger since it is unknown what serious complications may arise.

Safety of infected Persons.

This factor is one of the most important in the programme of education, since great injustices are often visited upon the unfortunate syphilis patient, and frequently cause his lapse from treatment. The discharging of patients from employment and the social ostracism they suffer is largely due to fear arising from ignorance. It should be made widely known that patients with infectious syphilis are rendered non-infectious in five days after three treatments at forty-eight-hour intervals. The nurse should teach also that the infected patient taking treatment regularly and practising good hygiene is no more of a menace to the community than any other person, except in sexual relationships, when the infection is in the early stages. Knowledge of the delicate nature of the causative organisms should be stressed, and the fact that they quickly die when exposed to air, soap, and water.

Legal Provision for Treatment.

The nurse should teach the community that legislation exists for prevention of prenatal syphilis by examination for this infection prior to marriage, as provided for in the amendment to the "Marriage Act," 1938, and by making treatment compulsory, as required by the "Venereal Diseases Suppression Act," 1936. It should be made known that the Medical Health Officer has the authority to arrange for examination of all persons exposed to, or reported to be suffering from, this infection. In this regard great stress should be laid on the protection afforded the patient with venereal disease by making it known that no information is ever given about patients without their knowledge and written consent. This should tend to reduce the fear of discovery which often prevents treatment. An important thing for the community to realize is that the transmission of venereal disease by a person knowing himself infected is a punishable offence under the "Venereal Diseases Suppression Act."

Public Provision for Treatment.

Under this heading should be made known the fact that the control of venereal disease is considered a serious enough matter for governmental responsibility. The nurse should make known that the public provision for treatment includes free clinic service in certain areas, free drugs for treatment, and free consultive service for all doctors, thereby lowering the cost to the patient. She should use her discretion in making known that help is available for transportation where the lack of funds proves an obstacle to treatment.

Contributing Factors in acquiring Venereal Disease.

There are many factors which should be considered under this heading, but six major ones have been selected for study as follows:—

(1.) Lack of Control over the Basic Appetites.
(2.) Lack of Sex-education.
(3.) Lack of Healthy Physical and Mental Recreation.
(4.) Lack of Congenial and Remunerative Employment.
(5.) Alcoholism.
(6.) Prostitution.

It is admitted that any one of these factors would provide material for study over a period of years, but the plan for venereal disease control needs considerable time for maturing, since an analysis of a few of the contributing causes show how complex is the task in hand.

Lack of Control over the Basic Appetites.—This is a matter of faulty childhood training. This training is the mutual responsibility of parents, teachers, and Public Health Nurses, and this group can do much in the way of securing information as to the best methods for this task.

Sex-education.—This task will frequently fall to the lot of the nurse, and it is important that she prepare herself for the teaching of this most vital matter, by study and discussion with the parents and the teachers, as to the value of sublimation and other means of redirecting the sex urge.

Lack of Healthy Physical and Mental Recreation.—Since this is one of the major contributing factors in the acquiring of venereal disease, the nurse should strive to foster public opinion to demand and obtain adequate community recreational facilities. This is particularly needed for the unemployed groups.

Alcoholism.—The public-health worker should be aware of the close connection between alcoholism and venereal disease. Whenever opportunity arises she should point this out and urge adequate supervision of mixed beer-parlours to avoid the use of them for soliciting by prostitutes and the repression of "bootlegging."

Lack of Congenial and Remunerative Work.—Efforts should be made to rouse the social consciousness into awareness of the need to provide remunerative work. In order that economic pressure will not further increase prostitution public opinion should be fostered to demand enforcement of the "Minimum Wage Act." While this may appear more of a social work procedure than a public health one, yet in rural areas the Public Health Nurse usually assumes the dual function of a health and welfare worker.

Prostitution.—This problem, the most baffling of all to contend with, is the source and root of venereal disease. Unless the health worker can make the community aware of this and build up a determination to reduce it, syphilis and gonorrhœa will continue as the outstanding menaces they still are. The nurse will need to under-

stand that the best way of reducing prostitution is by prevention, and that concurrently with this the community must demand suppression. Since the Public Health Nurse is one of the chief moulders of public opinion she may do much to teach that segregation, which will doubtless be offered as an alternative, does not pay. By constantly supporting the policy of repression much can be done to bring it about and thereby forge a strong link in the chain of venereal disease control.

Value of Medical Examination.

The most important factor in prevention lies very largely within the nurse's power. She should use to the utmost her influence in securing adequate prenatal examination and, if necessary, treatment for the infected mother. In this way the almost entirely preventable infection of prenatal syphilis is eliminated. The community should be educated to the fact that prenatal syphilis is one of the gravest reflections upon its health programme. The value of annual medical examination as another preventive factor should be constantly affirmed by the health worker.

Methods of Community Education.

The methods to be used in this educational programme of venereal disease control are those used for other health subjects. The facts must be presented in a frank, interesting manner by means of papers, talks, and films, by the study of pamphlets and books, by attractive posters and exhibits. Newspaper articles, radio talks, study groups, and carefully planned discussions are also of great value. Word of mouth publicity is also a good form of disseminating knowledge. Institutes, or short groups of lectures at weekly intervals, might be planned and symposiums in which the Medical Health Officer, parent, teacher, and Public Health Nurse take part might be arranged. Once the conventional restraint has been broken it will not be hard to keep the interest. The chief task will be in meeting the demand for knowledge. A canvassing of the local organizations should be made and, if possible, certain aspects of the problem studied in turn by each group. The educational programme contains much material and will provide interest for many years of study. This problem of the prevention of venereal disease by education, is one that needs the whole-hearted interest and support of the community. It will, however, fall to the lot of the nurse as a health educator to lead the way. Teachers, clergy, parents, employers, employees, men, women, and youth should all be enlisted in the cause of knowledge, so that the menaces to the public health of syphilis and gonorrhœa may be overcome.

Medical Care.

The adequate provision of medical care for syphilis and gonorrhœa has now been accepted as a governmental responsibility. In the larger centres this public care is afforded by clinic service, but in the smaller centres this service is not satisfactory. The reasons for

this are obvious. Such communities cannot offer general clinic care under whose protection the venereal disease patient may receive treatment, and treatment centres for this purpose alone do not work owing to the attendant publicity. Medical care for these patients should therefore be given in the privacy of a doctor's office. The mere difference in the place of treatment in no way lessens the Public Health Nurse's responsibility for the attendant services of case-finding and case-holding which are so important in the plan for venereal disease control.

Case-finding.

The success of the nurse in this field lies in the establishment of a good relationship between the physician, the patient, the nurse, and the Medical Health Officer. If adequate interpretation of the need for examination is given, the patient—an important guide in this search—usually co-operates. The nurse should emphasize that privacy, which is every infected person's right, will be maintained unless it proves incompatable with public safety. If, however, it is necessary to disclose the patient's name, a signed consent form should be obtained, but such procedure is only to be used as a last resource.

If the infection is a fresh one, the investigation should be carried out as rapidly as possible to arrest the spread of the infection and give the optimum protection of early examination of contacts. The maximum incubation period and the duration of the infection must be considered, and every suspicious exposure during these periods should be examined. Although such investigation often calls for hard, tedious, and unproductive work the stimulus of finding fresh cases always lends its new impetus.

In familiar groups, the nurse's part may be summarized as follows: " Stressing the importance of medical supervision early in pregnancy. Arranging examination of the new-born child. Arranging examination of contacts, father and children." Literature studied by the patient often results in the voluntary examination of contacts, and since education is the basis of success in this field, the better the instruction, the better will be the response.

Case-holding.

The follow-up of patients for the private physician is a service greatly needed in small communities, and there is no other public health function which is of greater value. It has been said that " the control of venereal disease depends upon the extent to which the patient can be trusted. How well he can be trusted depends on how well he has been instructed." Here again the value of interpretation is evident. Case-holding is basically dependent on the patient's first visit to the physician, when efforts should be made to anticipate factors leading to neglect of treatment, and spread of infection. It may, however, fall to the lot of the nurse to become the " case-holder," and there are three well established techniques which will determine her success in this field. These have been described as follows:—

"(1.) The education of the patient, (2) the making of the needed readjustments by the patient in his personal attitude and economic life, (3) the establishment of the case-work approach, which results in enlarging the capacity of the patient to resume his responsibilities, increases his sense of personal respect, and develops his initiative." Case-holding should, like case-finding, be carried out on a selective basis; the more important cases, such as early syphilis, prenatal syphilis, syphilis in pregnancy, and acute gonorrhœa, taking preference. The mechanics to be used are the sending of letters addressed in longhand, and so worded as to protect the patient should they fall into other hands. Visits to induce the patient to return for treatment, and furnishing aid with transportation are also valuable. If the persuasive approach fails, the regulations for enforcement of treatment may be used. Follow-up work should be analysed to determine the causes of lapse from treatment and definite attempts made to overcome these obstacles. The main contribution made by the Public Health Nurse to case-holding, therefore, should be educational and supportive.

Instruction in the Home.

This function is primarily that of the Public Health Nurse, for here she teaches the application of good personal hygiene and strives to produce an environment in which it may be practised.

Use of Community Resources.

The Public Health Nurse in the smaller centres acts not only as a health teacher but often renders first aid for the social problems of her patients. It is desirable, when possible, to refer these to a Social Worker, but often the nurse has to carry such situations over a period of time. Use, therefore, should be made of all community resources to help in the psychological treatment often required by the venereal disease patient.

Conclusion.

It has been truly said that " the control of venereal disease is a problem not of diagnosis and treatment alone, but of (1) discovering how to persuade people to suspect infection, (2) to seek a diagnosis, (3) to take treatment till cured." The community programme here suggested is offered as a means of accomplishing these three objectives. The difficulty lies in how to develop the reality into the ideal. This reality involving human nature and its weaknesses of misunderstanding, ignorance, and difficulties is closely linked up with the breaking of an exacting moral code. The ideal towards which all Public Health Nurses strive is embraced in that concept of public health which has as its objectives the removal of all obstacles to human health and welfare. To accomplish this end, the programme for venereal disease control must be one of combined community effort in which the Public Health Nurse plays one of the leading roles as guardian of the public health.

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SOME PRACTICAL PROBLEMS INHERENT IN SUPERVISION IN BRITISH COLUMBIA.

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" The central point in Dr. Stampar's philosophy and method is that the doctor should seek out the patient and not wait for the patient to come to him." These words are from the chapter, " Dr. Hercules," in Louis Adamic's book " The Native's Return," in which he describes the dramatic work of a man who established a public health programme in a Yugoslavia ravaged by disease in the post-war years. For us it is an accepted fact in public health nursing work in British Columbia to acknowledge the importance of prevention and of education at all ages and in all states of illness and health. We are taught that it is important to be on the alert for the early case, for predisposing causes, and for the signs of developing problems; believing that it is the greater economy to avoid, when possible, the cost of lengthy cures, of incapacity, and of probable dependence. For the public health nursing group in general the result of this policy is to direct attention from themselves to the individual, the family, and the community group in an effort to develop an appreciation of health and some responsibility for maintaining it.

In concentrating on the above policy are we tending to become one-sided in our thought? That this article bears the title it does, suggests that within our organization we have not yet considered some implications that are the outcome of growth. Is this likely to become serious? Should we be giving it observation and attention? Is this a time when the " doctor " should seek out the " patient " rather than wait for the " patient " to come to him?

In comparison with other Provinces and States, British Columbia has established and maintained consistent standards of preparation for Public Health Nurses. A public health nursing course is required of all nurses employed by services responsible to the Provincial Board of Health, by the Victorian Order of Nurses, and by most urban health services. Geographically, the Province falls into sections defined by mountains. The population is not uniformly distributed and the problems of transportation are many. The establishment of health services in the average community has been the outcome of a local request and in most cases they have been limited to the part of the district willing to contribute financially. Thus in the public health nursing service, commonly designated as " provincial," Public Health Nurses have been appointed to positions as they opened up, each being given the responsibility for developing a public health programme, to the best of her ability, along accepted lines according to the needs of the community. In the early years, therefore, when the staff of Public Health Nurses was comparatively small, the responsibility delegated to each nurse was a stimulation in itself. The natural

expansion of public health programmes, and an increased understanding on the part of the public, however, have meant an increase in staff and in the complexity of the community picture which demands a different approach to the question as a whole.

As a result of the development described above, it has been necessary, in those centres where staff increases have occurred, to appoint one person as supervisor. The designation, when first made, implied seniority and bestowed on its possessor the responsibility for administering and directing the service. As a rule, such an appointment was made because the recipient possessed organizing ability and was felt to have had sufficient experience in the field to direct others. Most time and effort continued to be focused, however, on the rendering of service in the field, and a minimum was expended on administrative planning by those concerned. In British Columbia the title Supervisor has been applied to Public Health Nurses occupying the following types of positions:—

(*a.*) Senior nurse in a Rural Health Centre, e.g., Cowichan.

(*b.*) Senior nurse in a Rural Health Unit, e.g., Saanich.

(*c.*) Senior nurse in an Urban Health Unit, e.g., any of the units of the Metropolitan Health Committee, Vancouver.

(*d.*) The consultant, or specialized supervisor, in an Urban Health Service, e.g., in child-welfare, tuberculosis, school health in the Metropolitan Health Committee.

(*e.*) The nurse responsible for the supervision of Public Health Nurses in the carrying-out of the work of a Division of the Provincial Board of Health, e.g., the Division of Tuberculosis Control.

There are, then, a number of people bearing the same title but filling positions of varying responsibility. If one talks with any of the above-mentioned Supervisors, as the writer has done from time to time, it is to be aware of an element of confusion and an encouraging dissatisfaction on their part as to their responsibilities. Asked if they feel they have problems, they say, " Yes," and in almost the same breath outline several, usually involving difficulties arising from the essential lack of concrete duties inherent in such work. For purposes of discussion, their difficulties could be classified roughly under the headings, " the need for time," " the need for preparation," " the need for consultation," " the need for definition," and " the need for further public education."

The Need for Time.—The Public Health Nurse holding a senior position with administrative responsibility—in other words, the Supervisor, in a health centre, a rural or an urban health unit—is responsible equally with her staff, for carrying on the district service. In addition she may be responsible for compiling monthly and annual reports which involve time spent not only on her own records but also in studying those of the staff. She is responsible for the calibre of the work carried on, for the planning of programme, and for numerous

outside contacts. She is expected to have a thorough knowledge of the health district and of its needs and resources. She must deal with questions of relationship, dissatisfactions, ambitions, etc., pertaining to members of her staff. She should be a source of information on matters of policy and new theories in the teaching of health, both of which require time for reading and discussion. She must be free on occasion to attend committee meetings, to address community groups, to prepare special reports and papers, and she may be required to contribute to the planning of a programme for the education of the public health nursing student. In addition, some Supervisors must budget their time to allow for duty on the telephone, for correspondence, and for other routine clerical work.

The Need for Training.—The innumerable demands made on a Supervisor's time require much technical ability for which she has had little or no training. As a rule she has had no business training, and where clerical assistance is not provided in an office much effort is expended not only in composing but in typing out correspondence, reports, etc. They require immediate attention as a rule, are definite in character, and tend to encroach on the time that might be given to less concrete but more truly supervisory responsibilities.

Public health nursing work at its best must be carefully planned, if worth while ends are to be reached for the individual and the community. A nice judgment is required in deciding what responsibilities are to be assumed and in guiding staff to do their best work. The Supervisor responsible for part of the district service has, to that extent, the same status as her staff and one gathers there is at times a tendency among staff members to regard the Supervisor as one of themselves. This fact, combined with her own awareness that she has had no more training than they for the position she holds, is apt to lessen her confidence in herself. Her contact should be with the district as a whole, but under existing conditions her main attention is necessarily directed toward part of rather than the whole area, which mitigates against smooth and satisfactory administration and supervision. Almost without exception, those who carry the executive responsibility feel the need for special training in the art of supervision and, more specifically, are conscious of a lack of sufficient special training in the following fields: Psychology and its application to the many problems in which people are a main consideration; group leadership and its application to contacts in the community and on the staff; practical methods of supervision of the staff member in her district.

The Need for Consultation.—Every Public Health Nurse has some feeling of the progress being made in public health work and senses that much can be gained from the exchange of ideas with those working in other districts. Unfortunately, the geography of British Columbia makes frequent contact between staffs impossible and at the present time the majority are able to meet together for discussion only once a year. This deficiency might be remedied to a great extent

by the appointment of a Provincial Supervisor, with seniority and powers commensurate with her duties, who would act as liaison officer between centres.

The Need for Definition.—Do all the responsibilities and all the problems that have been mentioned in the section "The Need for Time" rightfully rest on the shoulders of a Supervisor? Can she be expected to carry them all and, if not, which merit most attention and first consideration?

One general definition of supervision states that: "Supervision may be thought of as the work of discovering the needs of Public Health Nurses in any given situation (urban or rural) and of organizing ways and means to meet the needs that are found. Generally speaking, the aim of the individual Supervisor is to facilitate the growth (physical, intellectual, and emotional) of the staff worker to the end that she may become an effective community agent for the promotion of health."

To concentric circles have been used by Dr. C. E. A. Winslow to describe the relationship of the public health nursing organization to the community; the inner and smaller one representing the public health nursing service, the outer and larger one the community. At the centre is the Supervisor, maintaining contact on the one side with developments in public health science, with the physician, health authorities, school authorities, and social organizations, and on the other side transmitting what she has gained to the staff nurse who is the vital contact with the family through the individual. The staff nurse, working in the community, is ultimately the person on whom the real success of a public health nursing programme depends, and her ability to make effective contacts and to plan constructively should be kept at a maximum.

If, then, we accept these facts, that the aim of supervision is to meet the needs of the public health or staff nurse, and that the staff nurse is in a position to make or break a public health nursing programme, we are justified in classifying the requirements of a Supervisor under three headings, as follows: First, she must be a teacher. Her knowledge of the district, her judgment in carrying out the policies of the organization, and her understanding of the factors that affect relationships with other authorities in the community are important in their effect on the confidence her staff has in her. Her ability to instruct will determine how much of this information is understood and used by the staff. Second, she should have an ability to see and develop individual ability in the members of her staff. Just as the Public Health Nurse in the home studies the forces that are important in the life of a family in order to help an individual to find the ways best for him of meeting his health problems, so a good Supervisor must study her staff member to determine how best to help her to strengthen her weak points and to make use of her abilities, as well as to develop good team-work among all members of the staff. The third requirement of a Supervisor is administrative,

involving the management of the multifarious demands arising in connection with the office, the writing of reports, etc.

The Need for Further Public Education.—One of the greatest difficulties which a Supervisor has to meet in any local situation is a lack of understanding on the part of the public of her specific functions. The lay members of the board employing her, who may represent municipal or school authorities, etc., are concerned with the cost of the service and are sometimes limited by this point of view to an appreciation of purely concrete activities. If she is constantly on the move in the district and always obviously busy with some job, they feel she is earning her salary. Their failure to understand the real problems besetting a Supervisor might easily result in such conflict of opinion as to necessitate her resignation. Where the public has been thoroughly informed, however, and has some understanding of a Supervisor's three-fold function of implementing a satisfactory programme, of justifying in the minds of those locally responsible the outlay of tax money, and at the same time of satisfying the individual requirements of the community, it is conceivable that such a resignation would not materialize.

To clarify local understanding and to help educate the taxpayer there is a two-fold division of responsibility. The Supervisor and her staff with their knowledge of conditions and attitudes in the community should utilize every opportunity to impart correct information regarding the nature and purpose of their work. Equally, the Provincial health authority has an obligation to do more than rely solely on the selection of individuals so well qualified that they can be expected to meet and handle all situations. Public health is regarded by many as one of the greatest factors in the national life of to-day, and it seems evident when one gives the matter thought that more responsibility should be assumed by the Provincial department in harmonizing the various opinions existing between the Provincial Board of Health, the local authorities, and the public health services in the field.

Conclusion.

In the development of this paper, the writer is well aware that there are many problems and contributory factors relating to supervision, of which the reader may be conscious, upon which no enlargement has been attempted. Emphasis has been placed intentionally on the problems of organization and administration in the belief that dealing constructively with them will prove to be the best preventive measure that could be applied to avoid the development of other and more complicated problems.

Certain conclusions, for which this article is the background, are outlined below and are submitted to the reader:—

(1.) That there is a very definite need for special training in the art of supervision, and that at the present time those who are supervising in public health nursing in British Columbia have not had special training for their work. It might be recommended that

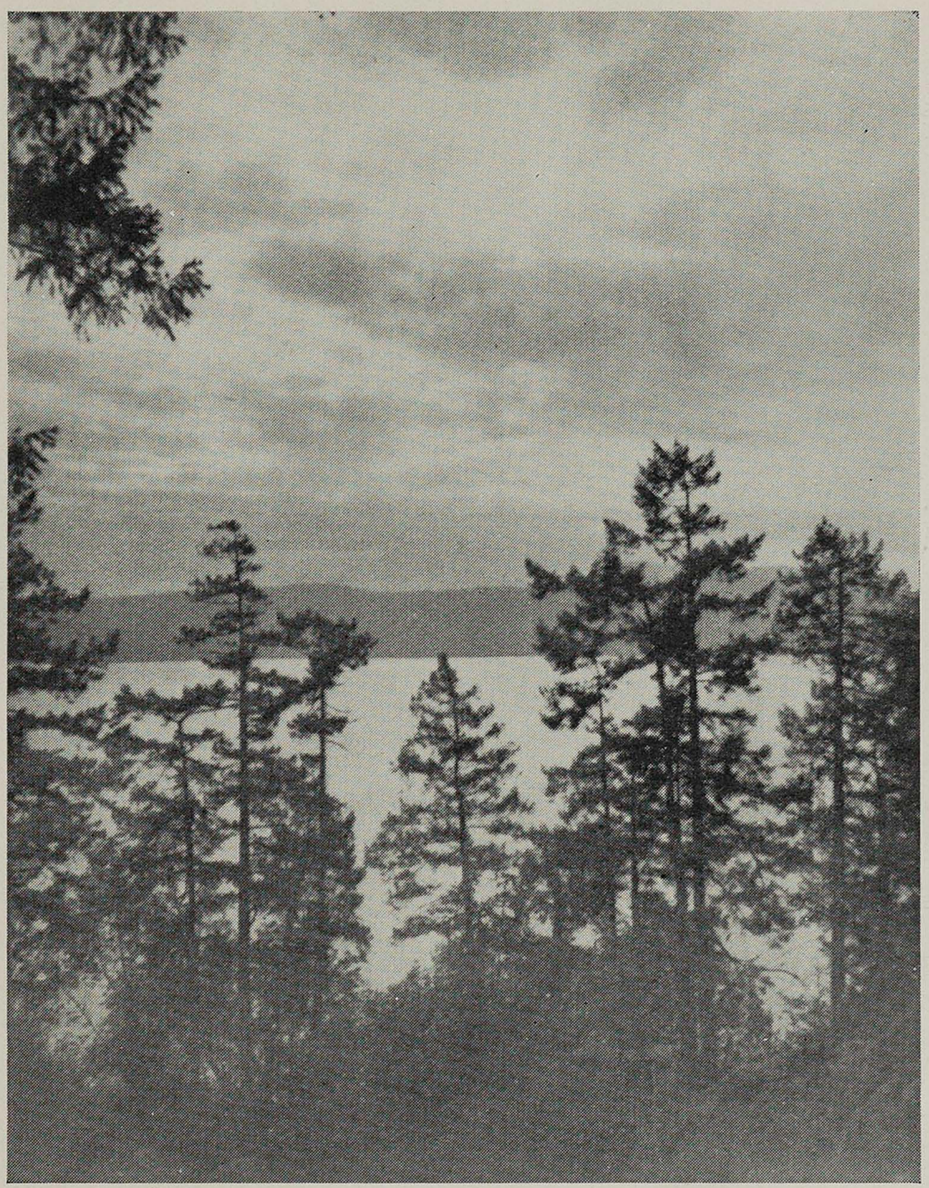
consideration by the Provincial Board of Health and by the University should be given to planning a course that would provide for the lacks mentioned under " The Need for Training."

(2.) That natural conditions in British Columbia tend to limit opportunities for contact between centres which would be of benefit to all public health workers. It is recommended, here, that consideration should be given to the appointment of a Provincial Supervisor who would act as liaison officer between centres.

(3.) That there are difficulties inherent in the education of any community and in the directing of public opinion which may have a definite effect on public health work. It would seem desirable for the Provincial Board of Health to appoint some one who would act as consultant to the local health staff and assume some responsibility for the directing of public opinion and the development of understanding between local boards, health services, and the Provincial Board of Health. For practical purposes the same individual could carry out these as well as the functions suggested in (2).

(4.) That there is a need for limiting any demands made on a Supervisor's time that encroach on her more important responsibilities. The recommendation is made that consideration should be given in all centres to the relative cost of providing clerical assistance in an office and expecting the Supervisor to undertake this type of work.

An awareness of the problems inherent in public health nursing supervision is most evident in the public health nursing group itself. In other words, we are in the position of the " doctor " who must seek out his " patient," and if problems are to be met it is we who must take the initiative.



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